



TAHOE FOREST HOSPITAL DISTRICT

2019-08-22 Regular Meeting of the Board of Directors

Thursday, August 22, 2019 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2019-08-22 Regular Meeting of the Board of Directors

08/22/19 Agenda Packet Contents

AGENDA

2019-08-22 Regular Meeting of the Board of Directors_FINAL
Agenda.pdf Page 4

ITEMS 1 - 11 See Agenda

12. SAFETY FIRST

No related materials.

13. ACKNOWLEDGMENTS

13.1. August Employee of the Month.pdf Page 8

14. MEDICAL STAFF EXECUTIVE COMMITTEE

**Trauma policies will be distributed at a later time.

14.1. Medical Executive Committee Consent Agenda.pdf Page 9

28 MSC Policies.pdf Page 10

29 Low Volume Policy- MSCP-11.pdf Page 11

30 Radiology 07302019.pdf Page 14

15. CONSENT CALENDAR

15.1. Approval of Meeting Minutes

2019-07-25 Regular Meeting of the Board of Directors_DRAFT
Minutes.pdf Page 17

15.2. Financial Report

15.2.1. Financial Report - July 2019.pdf Page 23

15.3. Board Reports

15.3.1. CEO Board Report - August 2019.pdf Page 36

15.3.2. COO Board Report - August 2019.pdf Page 38

15.3.3. CNO Board Report - August 2019.pdf Page 41

15.3.4. CIIO Board Report - August 2019.pdf Page 42

15.3.5. CMO Board Report - August 2019.pdf Page 46

15.4. Policy Review

15.4.1. ABD-01 President & Chief Executive Officer Performance
Evaluation.pdf Page 47

16. ITEMS FOR BOARD DISCUSSION

16.1.a GO Bond Refunding Fact Sheet 8-22-19.pdf Page 49

16.1.b Final Numbers GO Bond Refunding.pdf Page 50

16.2. Tahoe Retirement Plans Presentation to Board (2019 - August).pdf Page 51

17. ITEMS FOR BOARD ACTION

- | | |
|---|---------|
| 17.1. PFAC Summary Board Presentation August 22 2019_ Final.pdf | Page 58 |
| 17.2. Project Summary - 2019 Structures Demolition.pdf | Page 63 |
| 17.3. Extended Care Center ECC Facility Wide Assessment.pdf | Page 65 |

18. ITEMS FOR BOARD DISCUSSION

18.1. Board Education

- | | |
|---|---------|
| 18.1.1. Social Determinants Board Education 2019.pdf | Page 67 |
| 18.1.2. July 2019 Population Health Board Presentation_ FINAL.pdf | Page 83 |

ITEMS 19 - 24: See Agenda

25. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, August 22, 2019 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

4. **INPUT AUDIENCE**

This is an opportunity for members of the public to comment on any closed session item appearing before the Board on this agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Clerk of the Board 24 hours prior to the meeting to allow for distribution.

5. **CLOSED SESSION**

5.1. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Suzette Uhlr

5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Chris Duarte

5.3. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Second Quarter 2019 Service Excellence Report

Number of items: One (1)

5.4. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Fourth Quarter FY2019 Quality Report

Number of items: One (1)

5.5. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))

Number of Potential Cases: One (1)

5.6. Approval of Closed Session Minutes ◆

07/25/2019

5.7. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155) ◆

Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board President may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

12. SAFETY FIRST

12.1. August Safety First Topic

13. ACKNOWLEDGMENTS

13.1. August 2019 Employee of the Month.....ATTACHMENT

14. MEDICAL STAFF EXECUTIVE COMMITTEE ◆

14.1. Medical Executive Committee (MEC) Meeting Consent AgendaATTACHMENT*

MEC recommends the following for approval by the Board of Directors:

New Policies/ Guidelines: Level 3 Trauma Activation, DED-1901; Trauma Activation Algorithm-V.3.19.19

Clinical Practice Guidelines: Acute Spinal Cord Injury, Blunt Chest Trauma with a Pulse Evaluating the Adult with Traumatic Brain Injury, General Surgery Admission, Genitourinary Trauma, Head CT's for Trauma Patients, Hospitalist Admissions for Trauma, ICU Admissions, Liver Injury Grading Scale, OR Notification, Orthopedic Surgery Consultations, PlanB, Radiological to Evaluate Pelvic Fractures, Rib Fractures, SMR, Spleen Injury Grading Scale, Surgeon Backup, The Box, TXA, TXA-Infographic, Vaccinations Post Non-Elective Splenectomy, Geriatric Trauma, Trauma Transfer Guidelines, Trauma Transfer Poster,

Policy Review (with no changes): MSC Policies; Low Volume Policy, MSCP-11

Privilege Form (with changes): Radiology Privilege Form

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
August 22, 2019 AGENDA – Continued

15. CONSENT CALENDAR ♦

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

15.1. Approval of Minutes of Meetings

15.1.1. 07/25/2019ATTACHMENT

15.2. Financial Reports

15.2.1. Financial Report – July 2019ATTACHMENT

15.3. Staff Reports

15.3.1. CEO Board ReportATTACHMENT

15.3.2. COO Board Report.....ATTACHMENT

15.3.3. CNO Board Report.....ATTACHMENT

15.3.4. CIO Board ReportATTACHMENT

15.3.5. CMO Board Report.....ATTACHMENT

15.4. Policy Review

15.4.1. ABD-01 President & CEO Performance Evaluation.....ATTACHMENT

16. ITEMS FOR BOARD DISCUSSION

16.1. 2019 General Obligation Refunding Bonds UpdateATTACHMENT

The Board of Directors will receive an update on the 2019 General Obligation Refunding Bonds.

16.2. Retirement Committee UpdateATTACHMENT

The Board of Directors will receive a semi-annual update from the Retirement Committee.

17. ITEMS FOR BOARD ACTION ♦

17.1. Patient & Family Advisory Council (PFAC) Overview and Accomplishments ♦ATTACHMENT

The Board of Directors will receive an overview and accomplishments update from the District’s Patient & Family Advisory Council.

17.2. 2019 Structures Demolition Contracts Award ♦ATTACHMENT

The Board of Directors will consider awarding contracts for the 2019 Structures Demolition project (11015 Donner Pass Road, 10113 and 10143 Levon Avenue).

17.3. Extended Care Center (ECC) Facility Assessment ♦ATTACHMENT

The Board of Directors will review and consider approval of an Extended Care Center (ECC) Facility Assessment.

17.4. TFHD Board of Directors Vacancy ♦

The Board of Directors will consider appointment for filling its upcoming vacant board seat.

18. ITEMS FOR BOARD DISCUSSION

18.1. Board Education

18.1.1. Social Determinants of HealthATTACHMENT

The Board of Directors will receive board education on the social determinants of health.

18.1.2. Population HealthATTACHMENT

The Board of Directors will receive board education on population health.

19. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

20. BOARD COMMITTEE REPORTS

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

22. CLOSED SESSION CONTINUED, IF NECESSARY

23. OPEN SESSION

24. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

25. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is September 26, 2019 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



EMPLOYEE OF THE MONTH, AUGUST 2019
IVY GILLETTE, PROGRAMMER/ANALYST II
IT DEPARTMENT

We are honored to announce Ivy Gillette, Programmer/Analyst II, IT Department, as our August 2019 Employee of the Month!

Ivy has been with Tahoe Forest for two years.

Ivy works diligently and professionally with multiple tasks on her plate. She is very courteous with all of our end users. IT constantly receives compliments about Ivy's friendliness and responsiveness.

In addition, with recent limited staff availability Ivy has essentially done the work of two people in a very busy department that supports multiple projects within our organization. Ivy has been the glue that holds these project together.

Please join us in congratulating all of our terrific Nominees!

**Amy Sisco
Davidson Borgmeyer
Nanette Cronk
Quinton Buchanan
Tori Echeverria**

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee Consent Agenda
RESPONSIBLE PARTY	Greg Tirdel, MD, Chief of Staff
ACTION REQUESTED?	For Board Action
<p>BACKGROUND: During the August 15, 2019 Medical Executive Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.</p>	
<p>SUMMARY/OBJECTIVES: Approval of the following consent agenda items:</p> <p><u>New Policies/ Guidelines</u></p> <ol style="list-style-type: none"> 2. Level 3 Trauma Activation, DED-1901 3. Trauma Activation Algorithm-V.3.19.19 <p><u>Clinical Practice Guidelines</u></p> <ol style="list-style-type: none"> 4. Acute Spinal Cord Injury 5. Blunt Chest Trauma with a Pulse 6. Evaluating the Adult with Traumatic Brain Injury 7. General Surgery Admission 8. Genitourinary Trauma 9. Head CT's for Trauma Patients 10. Hospitalist Admissions for Trauma 11. ICU Admissions 12. Liver Injury Grading Scale 13. OR Notification 14. Orthopedic Surgery Consultations 15. PlanB 16. Radiological to Evaluate Pelvic Fractures 17. Rib Fractures 18. SMR 19. Spleen Injury Grading Scale 20. Surgeon Backup 21. The Box 22. TXA 23. TXA-Infographic 24. Vaccinations Post Non-Elective Splenectomy 25. Geriatric Trauma 26. Trauma Transfer Guidelines 27. Trauma Transfer Poster <p><u>Policy Review (with no changes)</u></p> <ol style="list-style-type: none"> 28. MSC Policies 29. Low Volume Policy, MSCP-11 <p><u>Privilege Form (with changes)</u></p> <ol style="list-style-type: none"> 30. Radiology Privilege Form 	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	

MSC Policies

PolicyStat Id	Title	Department	Applicability	Last Approved	Origination Date	Last Revised	Default Exp	Next Review	Has Attachments	Restricted
6079786	AMA-Patient Leaving Against Medical Advice, DTMSC-40	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	3/18/2019	7/1/1997	3/18/2019	365 days	3/17/2020	No	Public
6384410	Baby Friendly Hospital Initiatives, DTMSC-1904	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	5/14/2019	3/18/2019	5/14/2019	365 days	5/13/2020	No	Public
5088681	Behavioral Health Assistance in Outpatient Clinics, DTMSC-1602	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	7/14/2016	7/14/2016	365 days	8/24/2019	No	Public
6079831	Broken Appointments, DTMSC-1601	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	3/18/2019	3/1/2016	2/7/2017	365 days	3/17/2020	No	Public
6079762	Depression Screening, DTMSC-1603	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	3/18/2019	2/7/2017	3/18/2019	365 days	3/17/2020	No	Public
6299220	Distribution and Reconciliation of Prescription Paper, DTMSC-1906	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	4/18/2019	4/18/2019	4/18/2019	365 days	4/17/2020	No	Public
6321663	Document Scanning Into Epic Electronic Medical Record, DTMSC-115	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	7/2/2019	12/1/2012	7/2/2019	365 days	7/1/2020	No	Public
6169610	Emergency Care in the Multi-Specialty Clinic Offices, DTMSC-16	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	3/21/2019	6/1/2006	3/21/2019	365 days	3/20/2020	No	Public
5622679	Liquid Nitrogen use in MultiSpecialty Clinics, DTMSC-1905	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	11/12/2018	11/12/2018	11/12/2018	365 days	11/12/2019	No	Public
4870681	Medical Assistant Scope of Practice, DTMSC-70	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	9/11/2018	4/10/2012	9/11/2018	365 days	9/11/2019	No	Public
6192980	MSC Chart Audit Review, DTMSC-1903	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	4/2/2019	3/18/2019	4/2/2019	365 days	4/1/2020	No	Public
5498387	MSC Scope of Service, DTMSC-11	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	11/26/2018	3/1/2008	11/26/2018	365 days	11/26/2019	No	Public
5670313	MSC Time Off Request, DTMSC-1901	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	11/26/2018	11/26/2018	11/26/2018	365 days	11/26/2019	No	Public
6079773	MSC Uniforms, DTMSC-1502	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	3/18/2019	11/9/2015	3/18/2019	365 days	3/17/2020	No	Public
5742294	MSC Vaccine Screening by the RN Standardized Procedure, DTMSC-1801	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	1/17/2019	1/1/2016	1/17/2019	365 days	1/17/2020	No	Public
4870718	Multi-Specialty Clinics Physical Plant and IT Security, DTMSC-118	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	1/2/2013	8/24/2018	365 days	8/24/2019	No	Public
6321664	Non-Sufficient Funds, DTMSC-48	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	7/2/2019	5/1/2007	2/7/2017	365 days	7/1/2020	No	Public
6321665	Notification of Police Department, DTMSC-17	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	7/2/2019	6/1/2006	7/2/2019	365 days	7/1/2020	No	Public
4870775	Outpatient Surgery MSC ENT Office, DTMSC-28	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	9/27/2006	8/24/2018	365 days	8/24/2019	No	Public
6321661	Outpatient Surgery MSC IM CARD, DTMSC-30	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	7/2/2019	6/30/2007	6/19/2018	365 days	7/1/2020	No	Public
4821447	Outpatient Surgery MSC Tirdel Office, DTMSC-34	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	9/27/2006	2/7/2017	365 days	8/24/2019	No	Public
4821446	Outpatient Surgery MSC Winans Office, DTMSC-35	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	12/14/2009	2/7/2017	365 days	8/24/2019	No	Public
6079817	Oxygen in Physician Practices, DTMSC-37	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	3/18/2019	9/27/2006	3/18/2019	365 days	3/17/2020	No	Public
4821445	Pediatrics Office Outpatient Surgery, DTMSC-63	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	1/1/2011	2/7/2017	365 days	8/24/2019	No	Public
6321657	Physician Office Documentation, DTMSC-59	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	6/26/2019	9/27/2006	6/26/2019	365 days	6/25/2020	No	Public
5333282	Preparation of Surgical Instruments for Transport to SPD, DTMSC - 1501	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/28/2018	8/28/2018	8/28/2018	365 days	8/28/2019	No	Public
4870690	Prescription Medications, DTMSC-5	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	9/11/2018	2/1/2010	9/11/2018	365 days	9/11/2019	No	Public
6079681	Rescheduling Patients Appointments, DTMSC-54	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	3/18/2019	12/1/2007	3/18/2019	365 days	3/17/2020	No	Public
5680989	Safe Prescribe Practices, DTMSC-1604	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	12/10/2018	2/7/2017	12/10/2018	365 days	12/10/2019	No	Public
6079699	Same Day Appointment Requests, DTMSC-56	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	3/18/2019	1/21/2009	3/18/2019	365 days	3/17/2020	No	Public
5491340	Scanned Imaging, DTMSC-1703	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	11/26/2018	12/21/2017	12/21/2017	365 days	11/26/2019	No	Public
5088682	Screening, Brief Intervention, Referral to Treatment (SBIRT), DTMSC-1602	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	5/30/2017	5/30/2017	365 days	8/24/2019	No	Public
4908326	Storage of Images in the MSC, DTMSC-1802	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	8/24/2018	8/24/2018	365 days	8/24/2019	No	Public
4821444	Surgery Scheduling Protocols for MSC Staff, DTMSC-61	Tahoe Multi-Specialty Clinics - DTMSC	Tahoe Forest Hospital District	8/24/2018	7/2/2010	8/24/2018	365 days	8/24/2019	No	Public



Current Status: Active

PolicyStat ID: 2830978



TAHOE
FOREST
HEALTH
SYSTEM

Origination Date: 01/2011
Last Approved: 09/2016
Last Revised: 09/2016
Next Review: 09/2019
Department: *Credentialing and Privileging - MSCP*
Applies To: *Incline Village Community Hospital, Tahoe Forest Hospital*

Low Volume Policy, MSCP-11

SCOPE:

Every initial Medical Staff application and every reappointment application shall be reviewed for several elements regarding clinical activity and competency. There shall be adequate data regarding a practitioner's performance to assess their competence. When there is little or no data on their performance at the organization, the practitioner may be considered a low volume practitioner.

POLICY:

It is the policy of Tahoe Forest Hospital District that, Tahoe Forest Hospital ("TFH") and Incline Village Community Hospital ("IVCH") considers granting practitioners with little or no clinical activity, only those privileges for which adequate evidence of the provider's current competence is provided through the credentialing process. This policy will be pursued in parallel with the goal of building and maintaining productive, collaborative relationships between Tahoe Forest Hospital District and providers in the community whose practice includes little or no volume of clinical care in the hospital setting.

- A. The most common type of practitioners who fall into the low volume category are the following.
1. Active members of the medical staff who primarily practice in an ambulatory surgery setting;
 2. Active members of the medical staff who primarily work in an outpatient practice;
 3. Clinically inactive members of the medical staff who are on a Leave of Absence (LOA) who have taken time off or who retired and wish to return to practice;
 4. Locum tenens practitioners.
- B. In accordance with the Medical Staff Bylaws and regulatory standards, relevant elements will be considered for all practitioners to measure clinical competency including but not limited to the following:
1. Licensure history from primary source verification;
 2. Evidence of continuing medical education every two years;
 3. Medical education and post graduate training;
 4. Malpractice insurance and history for 5 years including claims, settlements and judgments;
 5. Documentation of specialty board status in compliance with established departmental credentialing criteria;
 6. Criminal back ground history;

7. Sanction from Medicare/Medicaid;
8. Actions against DEA certificate or state controlled substances certification;
9. Healthcare employment history;
10. Professional references which include peers of which one shall be an individual with the same specialty or field of practice as the applicant/reappointment applicant familiar with his/her practice of medicine, results of peer review activities, and other sources of information regarding current competence for clinical privileges requested.
11. Clinical activity which includes procedure logs with outcomes to support privileges requested. This includes activity logs with outcomes for applicants with privileges but low volume of work at this facility.
12. National Practitioner Data Bank query and response;
13. For reappointment applicants, peer review data via routine review and quality assurance activity.

PROCEDURE:

- A. At the time of appointment and reappointment, the medical staff services office along with the quality and risk department coordinator will compile all the information outlined above and prepare a summary and a profile for review by the department chair;
- B. The department chair will review and make a recommendation to the Medical Executive Committee ("MEC");
- C. If there is insufficient information, and it is deemed that the provider does not meet the minimum threshold criteria, and the hospital and medical staff leadership has deemed that continued membership is important to provide a needed service at the hospital, the MEC may recommend the following:
 1. Information may be requested from another facility including other hospitals or ambulatory surgery centers where the physician practices including volume and outcomes data.
 2. In lieu of sufficient activity at any facility, the medical staff leadership will consider one or more of the following:
 - a. Additional concurrent proctoring;
 - b. Additional references;
 - c. Full orientation (full day);.
 - d. Co management may be implemented until the hospital's proctoring process confirms current competence. Practitioners granted co management privileges are overseen by a physician who assumes ultimate responsibility for the care of such patients. The level and intensity of oversight will be determined on a case by case basis by the Medical Executive Committee upon the recommendation from the Department based on the practitioner's prior training, recent experience, and the patient risk associated with the specific privileges required for co management.
 - e. May require physician to attend physician assessment program and/or complete additional and ongoing training sufficient to maintain competence.
- D. Whenever an application contains insufficient peer review results to assess current clinical competence and the decision regarding a practitioner's privileges depends significantly on information contained in professional references, the department chair or designee will actively participate in personally contacting

several of the references and in assessing whether or not the information provided by references is adequate to establish current competence for the requested privileges. This type of application requires a \$500 fee levied to cover the cost of additional evaluation.

- E. The burden is always on the applicant to demonstrate competency. There needs to be sufficient information in which to base an appointment or reappointment. This includes assisting the Hospital in obtaining needed information from other settings in which the applicant practices. If information is not provided that is needed to assess current competency for specific privileges, the practitioner's application for those specific privileges will be considered incomplete and will not be processed. The application for privileges for which sufficient information is available will be processed through the Medical Staff's credentialing process.

Reference:

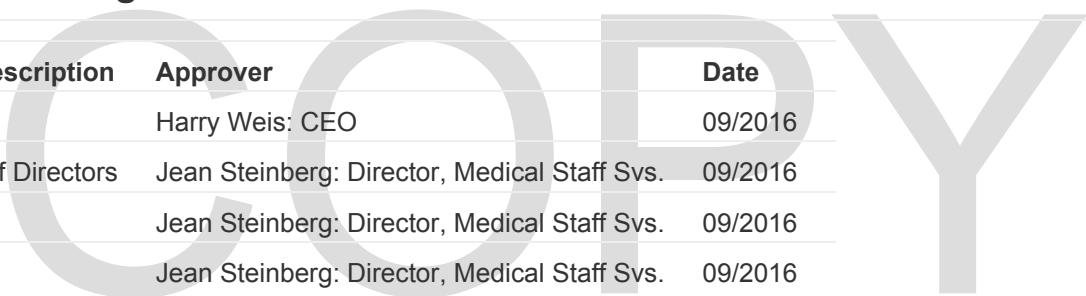
TFHD Medical Staff Bylaws; HFAP 03.01.15,CMS, The Joint Commission, Horthy Springer Conference, HCPro, -Credentialing Resource Center

All revision dates: 09/2016, 01/2014, 01/2013, 01/2012, 01/2011

Attachments: No Attachments

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	09/2016
Board of Directors	Jean Steinberg: Director, Medical Staff Svs.	09/2016
MEC	Jean Steinberg: Director, Medical Staff Svs.	09/2016
	Jean Steinberg: Director, Medical Staff Svs.	09/2016



TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Privilege Request

SPECIALTY: **DIAGNOSTIC RADIOLOGY**

NAME: _____
Please print

Check which applies: **Tahoe Forest Hospital (TFH)** **Incline Village Community Hospital**
(IVCH)

Check one: **Initial** **Change in Privileges** **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

Core Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in diagnostic radiology.
Board Certification:	Board certified or board eligible by the American Board of Radiology (or AOA equivalent board certification); or attain Board Certification within five years of completion of residency or fellowship training program. Maintenance of Board Certification required.
Required Previous Experience: (required for new applicants)	Applicant must be able to document that he/she has managed radiology care for 200 hospital cases in the past 24 months or be proctored double the number listed. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be a radiologist.
Proctoring Requirements:	See "additional criteria" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA and/or NV • A valid Radiography permit issued by the State of California, Radiography Branch required. • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or DEA certificate to practice in NV and unrestricted Nevada State Board of Pharmacy Certificate <u>(if ordering/prescribing, administering and/or dispensing controlled substances.</u> • Ability to participate in federally funded program (Medicare or Medicaid).

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine – Diagnostic Imaging

Name: ~~Myron Kamenetsky, M.D.~~

Applicant: Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months.

Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

Requested	Approved	GENERAL PRIVILEGES - DIAGNOSTIC RADIOLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Telemedicine privileges	_____	Off site	100% over reads by TFHD radiologists.	Data sent from vRad
<input type="checkbox"/>	<input type="checkbox"/>	<p>CORE Privileges include the following: Supervision and Interpretation at IVCH General diagnostic radiology (supervision and interpretation) privileges include consultation and diagnosis for patients of all ages utilizing the following imaging modalities and procedures:</p> <ul style="list-style-type: none"> • Admit and treatment of patients requiring inpatient care with underlying conditions that require services of a radiologist; H&Ps • Arthrograms • Bone Densitometry • Computerized tomography <u>Computerized tomography (IVCH)</u> • Fluoroscopy and non-fluoroscopic procedures utilizing non-vascular and vascular contrast agents • Imaging guided biopsy and drainage procedures • Magnetic Resonance Imaging • Myelograms • Nuclear Medicine Imaging and therapy (diagnostic) agents • Plain film radiography interpretation (IVCH) • PICC Lines • Ultrasound (diagnostic) with the exception of cardiac ultrasound (echocardiography) (IVCH) • Ultrasound (vascular) 	_____	IVCH only for those indicated All can be performed at TFH in Radiology	5 cases minimum in addition to dept. policy for overreads	200 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p>REMOVAL FROM GENERAL PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p> <p>_____</p>				
		SELECTED PROCEDURES These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (see attached credentialing criteria)	_____	Radiology TFH	Successful completion of test	Maintain privileges that require Procedural Sedation
<input type="checkbox"/>	<input type="checkbox"/>	Mammography Documentation of training Meet criteria outlined by MQSA/FDA inc. CME (15 hrs every 3 years)	_____	IVCH Briner Unit- TFH		Avg. 40/month for dept. over last 2 yrs.

TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine – Diagnostic Imaging

Name: Myron Kamenetsky, M.D.

<input type="checkbox"/>	<input type="checkbox"/>	PET/CT Scan Evidence of continuing medical education for PET/CT		TFH	5 overreads	
		ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		EMERGENCY: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

Date Applicant's Signature

DEPARTMENT CHAIR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested privileges with modifications (see attached description of modifications) do not recommend

Date Department Chair Signature

Additional comments: _____

Medical Executive Committee: _____ (date of Committee review/recommendation)

- privileges as requested privileges with modifications (see attached description of modifications) do not recommend

Board of Directors: _____ (date of Board review/action)

- privileges as requested privileges with modifications (see attached description of modifications) do not recommend

Form Approval/Revision Dates:

Department of Medicine: 8/2019

Medical Executive Committee: 6/20/07; 1/2012; 5/17/2018; 8/2019

Board of Directors: 6/26/07; 1/2012; 5/24/2018; 8/2019



REGULAR MEETING OF THE BOARD OF DIRECTORS **DRAFT MINUTES**

Thursday, July 25, 2019 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:01 p.m.

2. ROLL CALL

Board: Alyce Wong, Board Chair; Mary Brown, Vice Chair; Sarah Wolfe, Secretary; Dale Chamblin, Treasurer; Randy Hill, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Judy Newland, Chief Operations Officer; Jake Dorst, Chief Information & Innovation Officer; Alex MacLennan, Chief Human Resources Officer; Matt Mushet, In-house Counsel; Todd Johnson, Risk Manager; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel; Jim Hook of The Fox Group

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Second Quarter 2019 Corporate Compliance Report

Number of items: One (1)

Discussion was held on privileged item.

5.2. Conference with Real Property Negotiator (Gov. Code § 54956.8) ♦

Property Address: 10175 Levon Avenue, Truckee, CA 96161

Agency Negotiator: Judith Newland

Negotiating Parties: Steven Thompson M.D. and Peter Taylor M.D.

Under Negotiation: Price & Terms of Payment

Discussion was held on privileged item.

5.3. Conference with Labor Negotiator (Government Code § 54957.6)

Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan

Employee Organization(s): Employees Association and Employees Association of Professionals

Discussion was held on privileged item.

5.4. Conference with Legal Counsel; Anticipation of Litigation (Gov. Code § 54956.9 (d)(2) & (d)(3))

A point has been reached where, in the opinion of the District Board, on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code § 54956.9(e)(1))

Discussion was held on privileged item.

5.5. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4)

Number of Potential Cases: One (1)

Discussion was held on privileged item.

5.6. Approval of Closed Session Minutes

06/27/2019

Discussion was held on privileged item.

5.7. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155)

Subject Matter: Medical Staff Credentials

Discussion was held on privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:21 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported seven items were considered in closed session. There was no reportable action taken on items 5.1.-5.5. Items 5.6. and 5.7. were both approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. SAFETY FIRST

12.1. Alex MacLennan, Chief Human Resources Officer, presented the July Safety First topic on policy drift.

13. ACKNOWLEDGMENTS

13.1. Emily Perez was named July 2019 Employee of the Month.

13.2. Employee Town Hall video was shown.

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommends the following for approval by the Board of Directors:

Policy Review (with changes): Service Animals & Pet Assisted Therapy, AGOV-1901, Expiring Documents Policy, MSGEN-3

Privilege Form (with changes): Dental Assistant Privilege Form

Discussion was held.

ACTION: Motion made by Director Chamblin, seconded by Director Brown, to approve the Medical Executive Committee (MEC) Meeting Consent Agenda as presented.

AYES: Directors Hill, Chamblin, Wolfe, Brown and Wong

Abstention: None

NAYS: None

Absent: None

15. CONSENT CALENDAR

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

15.1. Approval of Minutes of Meetings

15.1.1. 06/27/2019 – Special Meeting

15.1.2. 06/27/2019 – Regular Meeting

15.2. Financial Reports

15.2.1. Financial Report – June 2019

15.3. Staff Reports

15.3.1. CEO Board Report

15.3.2. COO Board Report

15.3.3. CNO Board Report

15.3.4. CIIO Board Report

15.3.5. CMO Board Report

15.4. Strategic Plan Update

15.4.1. Quarterly Strategic Plan Update

ACTION: Motion made by Director Hill, seconded by Director Wolfe, to approve the Consent Calendar as presented.

AYES: Directors Hill, Chamblin, Wolfe, Brown and Wong

Abstention: None

NAYS: None

Absent: None

16. ITEMS FOR BOARD ACTION

16.1. Resolution 2019-06

Gary Hicks, Tahoe Forest Hospital District's financial advisor, presented Resolution 2019-06 that would authorize the issuance and sale of the District's 2019 General Obligation (GO) Refunding Bonds.

No public comment was received.

ACTION: Motion made by Director Chamblin, seconded by Director Hill, to authorize the issuance and sale of the 2019 General Obligation Refunding Bonds and approve Resolution 2019-06 as presented. Roll call vote taken.

Wolfe – AYE

Hill – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

16.2. Memorandum of Understanding

The Board of Directors will review and consider approval of a Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association.

CHRO noted "AFSCME Council 57, Local 3965" will be added to the title of the Employees' Association in the final Memorandum of Understanding on the title page, preamble and signature page.

No public comment was received.

ACTION: Motion made by Director Brown, seconded by Director Wolfe, to approve the Memorandum of Understanding between Tahoe Forest Hospital District and Employees' Association with the title change discussed.

AYES: Directors Hill, Chamblin, Wolfe, Brown and Wong

Abstention: None

NAYS: None

Absent: None

16.3. Memorandum of Understanding

The Board of Directors will review and consider approval of a Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association of Professionals.

CHRO noted "AFSCME Council 57, Local 3254" will be added to the title of the Employees' Association of Professionals in the final Memorandum of Understanding on the title page, preamble and signature page.

No public comment was received.

ACTION: Motion made by Director Chamblin, seconded by Director Wolfe, to approve the Memorandum of Understanding between Tahoe Forest Hospital District and Employees' Association of Professionals with the title change discussed.

AYES: Directors Hill, Chamblin, Wolfe, Brown and Wong

Abstention: None

NAYS: None

Absent: None

16.4. Corporate Compliance Report

Jim Hook of the Fox Group, Corporate Compliance Officer, presented a Second Quarter 2019 Corporate Compliance Report.

ACTION: Motion made by Director Brown, seconded by Director Chamblin, to approve the Second Quarter 2019 Corporate Compliance Report as presented.

AYES: Directors Hill, Chamblin, Wolfe, Brown and Wong

Abstention: None

NAYS: None

Absent: None

16.5. Resolution 2019-07

The Board of Directors reviewed and considered for approval a resolution regarding the General Obligation (GO) Bond Property Tax Rate Calculation.

No public comment was received.

ACTION: Motion made by Director Wolfe, seconded by Director Brown, to set the 2019/20 fiscal year GO Bond tax rate per \$100,000 at \$21.37 and utilize approximately 75% (\$283,240.22) of the reserve (\$377,653.62) to fully cover the 2019/20 debt service requirement of \$5,151,450.02. Roll call vote taken.

Wolfe – AYE

Hill – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

16.6. Resolution 2019-08

The Board of Directors reviewed and considered approval of a resolution that authorizes a change of address for the Pediatric Rural Health Clinic.

No public comment was received.

ACTION: Motion made by Director Chamblin, seconded by Director Brown, to approve Resolution 2019-08 as presented. Roll call vote taken.

Wolfe – AYE

Hill – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

17. ITEMS FOR BOARD DISCUSSION

17.1. Board Education

17.1.1. Cyber Security

Jake Dorst, Chief Information & Innovation Officer, provided board education on cyber security.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

19. BOARD COMMITTEE REPORTS

No committee reports.

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

21. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

22. OPEN SESSION

Not applicable.

23. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

Not applicable.

24. ADJOURN

Meeting adjourned at 7:58 p.m.

DRAFT

**TAHOE FOREST HOSPITAL DISTRICT
JULY 2019 FINANCIAL REPORT - PRELIMINARY
INDEX**

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT
7	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
8 - 9	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
10	IVCH STATEMENT OF REVENUE AND EXPENSE
11 - 12	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
13	STATEMENT OF CASH FLOW

Board of Directors
Of Tahoe Forest Hospital District
JULY 2019 FINANCIAL NARRATIVE - PRELIMINARY

The following is the financial narrative analyzing financial and statistical trends for the preliminary one month ended July 31, 2019.

Activity Statistics

- ❑ TFH acute patient days were 501 for the current month compared to budget of 445. This equates to an average daily census of 16.2 compared to budget of 14.4.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Surgical Services, Anesthesia, Medical Supplies Sold to Patients, Laboratory tests, Oncology Lab tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Briner Ultrasound, Cat Scan, PET CT's, Oncology Drugs Sold to Patients, Gastroenterology, Tahoe City Physical Therapy, Physical Therapy, Physical Therapy-Aquatic, Speech Therapy and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 50.4% in the current month compared to budget of 50.0% and to last month's 49.2%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 50.4% compared to budget of 50.0% and prior year's 51.1%.
- ❑ EBIDA was \$3,900,515 (11.0%) for the current month compared to budget of \$909,710 (2.8%), or \$2,990,805 (8.1%) above budget.
- ❑ Net Income was \$3,486,921 for the current month compared to budget of \$488,190 or \$2,998,731 above budget.
- ❑ Cash Collections for the current month were \$20,857,804 which is 126% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$76,325,104 at the end of July compared to \$70,033,954 at the end of June.

Balance Sheet

- ❑ Working Capital is at 49.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 180.1 days. Working Capital cash increased a net \$1,500,000. Cash collections exceeded target by 26%. Accounts Payable decreased \$2,452,000, Accrued Payroll & Related Costs increased \$529,000, reimbursement of \$1,701,000 was made to the Medicare Program for overpayment on FY19 outpatient claims, and payment of the Principal and Interest due on the 2017 VRDB was made.
- ❑ Net Patient Accounts Receivable decreased approximately \$2,979,000 and Cash collections were 126% of target. EPIC Days in A/R were 66.6 compared to 68.8 at the close of June, a 2.20 days decrease.
- ❑ Other Receivables decreased a net \$533,000 after recording receipt of Property Tax revenues received from Nevada county and our quarterly interest earnings from LAIF.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased \$686,000 after recording the estimated July FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs.
- ❑ Total Bond Trustee 2015 decreased \$1,149,000 after remitting amounts due on the July Principal and Interest payments.
- ❑ GO Bond Tax Revenue Fund decreased \$3,162,000 after recording remittance of the Principal and Interest payments due on the General Obligation Bonds.
- ❑ Accounts Payable decreased \$2,452,000 due to the timing of the final check run in July.
- ❑ Accrued Payroll & Related Costs increased \$529,000 as a result of increased month-end accrued payroll days.
- ❑ Interest Payable decreased \$382,000 after recording the payment of Interest on the Revenue Bond 2015 and Variable Rate Demand Bond 2017.
- ❑ Interest Payable GO Bond decreased \$1,527,000 after recording payment of Interest due on the General Obligation Bonds.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased \$1,701,000 after reimbursing the Medicare program a portion of the FY19 Outpatient overpayment on claims.

- ❑ Other Long Term Debt Net of Current Maturities decreased \$1,628,000 after recording the payment of Principal on the Revenue Bond 2015 and Variable Rate Demand Bond 2017.
- ❑ GO Bond Net of Current Maturities decreased \$1,343,000 after recording the payment of Principal on the General Obligation Bonds.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$35,514,472, compared to budget of \$32,061,766 or \$3,452,706 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$9,135,206, compared to budget of \$8,418,747 or \$716,459 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$26,379,266 compared to budget of \$23,643,019 or \$2,736,247 above budget.
- ❑ Current month’s Gross Revenue Mix was 42.4% Medicare, 11.2% Medi-Cal, .0% County, 3.6% Other, and 42.8% Insurance compared to budget of 37.7% Medicare, 16.1% Medi-Cal, .0% County, 3.3% Other, and 42.9% Insurance. Last month’s mix was 41.6% Medicare, 13.1% Medi-Cal, .0% County, 4.4% Other, and 40.9% Insurance.
- ❑ Current month’s Deductions from Revenue were \$17,600,085 compared to budget of \$16,015,776 or \$1,584,309 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 4.67% increase in Medicare, a 4.93% decrease to Medi-Cal, County at budget, a .33% increase in Other, and Commercial was under budget .07%, and 2) Revenues exceeded budget by 10.8%.

DESCRIPTION	July 2019 Actual	July 2019 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	5,393,748	6,098,153	704,405	Timing of programs, physician employment start dates, and positions budgeted to start in July which did not transpire created a positive variance in Salaries & Wages.
Employee Benefits	1,808,824	1,826,969	18,145	
Benefits – Workers Compensation	59,519	78,105	18,586	
Benefits – Medical Insurance	1,268,823	1,177,057	(91,766)	
Medical Professional Fees	1,800,105	2,139,296	339,191	We saw negative variances in Multi-Specialty Clinic physician fees due to the timing of transitioning to the employment model. These were offset by positive variances in Sleep Clinic, TFH Locums, and TFH IP/IVCH Therapy professional fees.
Other Professional Fees	199,771	215,542	15,771	We saw positive variances in Marketing, Administration, Human Resources, Information Technology, and Oncology Professional Fees.
Supplies	2,541,709	2,252,736	(288,973)	Medical Supplies Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget, creating negative variances in Patient Medical Supplies and Pharmacy Supplies.
Purchased Services	1,475,313	1,564,312	88,999	Positive variances were seen in Department Repairs, Multi-Specialty Clinics purchased services, and Human Resources.
Other Expenses	600,129	892,252	292,123	Outside Training & Travel, Insurance, Marketing, and Utilities fell short of budget estimates, creating a positive variance in Other Expenses.
Total Expenses	15,147,941	16,244,422	1,096,481	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
JULY 2019 - PRELIMINARY

	Jul-19	PRELIMINARY Jun-19	Jul-18	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 24,320,056	\$ 22,820,350	\$ 8,502,314	1
PATIENT ACCOUNTS RECEIVABLE - NET	23,726,312	26,704,915	24,818,734	2
OTHER RECEIVABLES	5,929,812	6,462,734	5,629,761	3
GO BOND RECEIVABLES	528,312	204,000	213,291	
ASSETS LIMITED OR RESTRICTED	8,376,252	7,493,072	6,987,359	
INVENTORIES	3,477,988	3,484,526	3,130,060	
PREPAID EXPENSES & DEPOSITS	2,927,856	2,468,964	2,251,498	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	8,215,478	7,529,974	6,179,626	4
TOTAL CURRENT ASSETS	77,502,066	77,168,536	57,712,644	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	64,390,780	64,211,838	62,129,099	1
MUNICIPAL LEASE 2018	3,497,294	3,497,294	-	
TOTAL BOND TRUSTEE 2017	20,319	20,286	19,948	
TOTAL BOND TRUSTEE 2015	151,699	1,300,670	646,823	5
GO BOND PROJECT FUND	-	-	-	
GO BOND TAX REVENUE FUND	377,654	3,539,879	661,095	6
DIAGNOSTIC IMAGING FUND	3,307	3,286	3,229	6
DONOR RESTRICTED FUND	1,138,731	1,134,903	1,387,084	
WORKERS COMPENSATION FUND	19,632	23,688	11,698	
TOTAL	69,599,416	73,731,844	64,858,976	
LESS CURRENT PORTION	(8,376,252)	(7,493,072)	(6,987,359)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	61,223,164	66,238,771	57,871,617	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	451,785	451,785	-	
PROPERTY HELD FOR FUTURE EXPANSION	850,882	845,257	859,389	
PROPERTY & EQUIPMENT NET	176,095,812	176,406,428	164,367,161	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,791,406	1,791,406	1,791,406	
TOTAL ASSETS	317,915,115	322,902,183	282,602,216	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	423,441	426,674	462,230	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,370,780	1,370,780	1,063,457	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,674,926	5,698,631	5,959,383	
GO BOND DEFERRED FINANCING COSTS	442,938	444,873	466,153	
DEFERRED FINANCING COSTS	173,726	174,767	186,210	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 8,085,812	\$ 8,115,724	\$ 8,137,431	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 4,953,076	\$ 7,404,719	\$ 7,565,950	7
ACCRUED PAYROLL & RELATED COSTS	11,693,107	11,163,990	10,451,037	8
INTEREST PAYABLE	106,493	488,376	498,700	9
INTEREST PAYABLE GO BOND	305,371	1,832,225	-	10
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	1,481,902	3,182,918	215,238	11
HEALTH INSURANCE PLAN	1,463,491	1,463,491	1,312,436	
WORKERS COMPENSATION PLAN	1,888,539	1,888,539	1,886,361	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,172,232	1,172,232	1,184,419	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,543,904	2,543,904	1,454,876	
TOTAL CURRENT LIABILITIES	26,938,115	32,470,394	25,899,017	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	34,874,809	36,503,009	25,520,363	12
GO BOND DEBT NET OF CURRENT MATURITIES	99,486,668	100,830,088	100,977,716	13
DERIVATIVE INSTRUMENT LIABILITY	1,370,780	1,370,780	1,063,457	
TOTAL LIABILITIES	162,670,371	171,174,271	153,460,553	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	162,191,825	158,708,732	135,892,010	
RESTRICTED	1,138,731	1,134,903	1,387,084	
TOTAL NET POSITION	\$ 163,330,556	\$ 159,843,635	\$ 137,279,094	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
JULY 2019 - PRELIMINARY

1. Working Capital is at 49.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 180.1 days. Working Capital cash increased a net \$1,500,000. Accounts Payable decreased \$2,452,000 (See Note 7), Accrued Payroll & Related Costs increased \$529,000 (See Note 8), the District reimbursed \$1,701,000 against the FY2019 Medicare Outpatient overpayment, payment of Principal and Interest on the 2017 VRDB and cash collections exceeded target by 26%.
2. Net Patient Accounts Receivable decreased approximately \$2,979,000 and cash collections were 126% of target. EPIC Days in A/R were 66.6 compared to 68.8 at the close of June, a 2.20 days decrease.
3. Other Receivables decreased a net \$533,000 after recording receipt of the quarterly LAIF interest earnings and receipt of Property Tax revenues from Nevada county.
4. Estimated Settlements, Medi-Cal & Medicare increased \$686,000 after recording an estimated July FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, Quality Assurance Fee programs.
5. Total Bond Trustee 2015 decreased \$1,149,000 after remitting amounts due on the July Principal and Interest payments.
6. GO Bond Tax Revenue Fund decreased \$3,162,000 after recording remittance of the Principal and Interest payments due on the General Obligation Bonds.
7. Accounts Payable decreased \$2,452,000 due to the timing of the final check run in the month.
8. Accrued Payroll & Related Costs increased \$529,000 as a result of increased month-end accrued payroll days.
9. Interest Payable decreased \$382,000 after recording the payment of Interest on the Revenue Bond 2015 and Variable Rate Demand Bond 2017.
10. Interest Payable GO Bond decreased \$1,527,000 after recording the payment of Interest due on the General Obligation Bonds.
11. Estimated Settlements, Medi-Cal & Medicare decreased \$1,701,000 after reimbursing the Medicare program a portion of the FY19 Outpatient overpayment on claims.
12. Other Long Term Debt Net of Current Maturities decreased \$1,628,000 after recording payment of Principal on the Revenue Bonds 2015 and Variable Rate Demand Bond 2017.
13. GO Bond Debt Net of Current Maturities decreased \$1,343,000 after recording payment of Principal on the General Obligation Bonds.

**Tahoe Forest Hospital District
Cash Investment
July 2019**

WORKING CAPITAL			
US Bank	\$ 23,225,982		
US Bank/Kings Beach Thrift Store	14,738		
US Bank/Truckee Thrift Store	66,918		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,012,419</u>	0.75%	
Total			\$ 24,320,056
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.02%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>64,390,780</u>	2.38%	
Local Agency Investment Fund			\$ 64,390,780
Municipal Lease 2018			\$ 3,497,294
Bonds Cash 2017			\$ 20,319
Bonds Cash 2015			\$ 151,699
GO Bonds Cash 2008			\$ 377,654
DX Imaging Education	\$ 3,307		
Workers Comp Fund - B of A	19,632		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			\$ <u>22,939</u>
TOTAL FUNDS			\$ 92,780,741
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,360	0.02%	
Foundation Restricted Donations	34,641		
Local Agency Investment Fund	<u>1,095,730</u>	2.38%	
TOTAL RESTRICTED FUNDS			\$ <u>1,138,731</u>
TOTAL ALL FUNDS			\$ <u><u>93,919,472</u></u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
JULY 2019 - PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JULY 2018
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE				OPERATING REVENUE				
\$ 35,514,472	\$ 32,061,766	\$ 3,452,706	10.8%	\$ 35,514,472	\$ 32,061,766	\$ 3,452,706	10.8%	1 \$ 26,895,852
Total Gross Revenue				Total Gross Revenue				
Gross Revenues - Inpatient				Gross Revenues - Inpatient				
\$ 3,243,256	\$ 2,579,325	\$ 663,931	25.7%	\$ 3,243,256	\$ 2,579,325	\$ 663,931	25.7%	\$ 2,658,521
5,891,951	5,839,422	52,529	0.9%	5,891,951	5,839,422	52,529	0.9%	4,424,540
9,135,206	8,418,747	716,459	8.5%	9,135,206	8,418,747	716,459	8.5%	7,083,061
Total Gross Revenue - Inpatient				Total Gross Revenue - Inpatient				
26,379,266	23,643,019	2,736,247	11.6%	26,379,266	23,643,019	2,736,247	11.6%	19,812,791
26,379,266	23,643,019	2,736,247	11.6%	26,379,266	23,643,019	2,736,247	11.6%	19,812,791
Total Gross Revenue - Outpatient				Total Gross Revenue - Outpatient				
Deductions from Revenue:				Deductions from Revenue:				
16,446,903	14,306,468	(2,140,435)	-15.0%	16,446,903	14,306,468	(2,140,435)	-15.0%	2 12,732,182
-	-	-	0.0%	-	-	-	0.0%	2 -
1,256,425	1,148,863	(107,562)	-9.4%	1,256,425	1,148,863	(107,562)	-9.4%	2 960,986
-	-	-	0.0%	-	-	-	0.0%	2 -
(103,242)	560,445	663,687	118.4%	(103,242)	560,445	663,687	118.4%	2 (441,242)
-	-	-	0.0%	-	-	-	0.0%	2 (110,011)
17,600,085	16,015,776	(1,584,309)	-9.9%	17,600,085	16,015,776	(1,584,309)	-9.9%	13,141,915
Total Deductions from Revenue				Total Deductions from Revenue				
72,160	113,951	(41,791)	-36.7%	72,160	113,951	(41,791)	-36.7%	57,002
1,061,909	994,191	67,718	6.8%	1,061,909	994,191	67,718	6.8%	3 839,109
19,048,455	17,154,132	1,894,323	11.0%	19,048,455	17,154,132	1,894,323	11.0%	14,650,048
TOTAL OPERATING REVENUE				TOTAL OPERATING REVENUE				
OPERATING EXPENSES				OPERATING EXPENSES				
5,393,748	6,098,153	704,405	11.6%	5,393,748	6,098,153	704,405	11.6%	4 4,839,619
1,808,824	1,826,969	18,145	1.0%	1,808,824	1,826,969	18,145	1.0%	4 1,694,410
59,519	78,105	18,586	23.8%	59,519	78,105	18,586	23.8%	4 47,951
1,268,823	1,177,057	(91,766)	-7.8%	1,268,823	1,177,057	(91,766)	-7.8%	4 845,582
1,800,105	2,139,296	339,191	15.9%	1,800,105	2,139,296	339,191	15.9%	5 1,778,171
199,771	215,542	15,771	7.3%	199,771	215,542	15,771	7.3%	5 174,520
2,541,709	2,252,736	(288,973)	-12.8%	2,541,709	2,252,736	(288,973)	-12.8%	6 2,246,582
1,475,313	1,564,312	88,999	5.7%	1,475,313	1,564,312	88,999	5.7%	7 1,196,627
600,129	892,252	292,123	32.7%	600,129	892,252	292,123	32.7%	8 648,381
15,147,941	16,244,422	1,096,481	6.7%	15,147,941	16,244,422	1,096,481	6.7%	13,471,843
TOTAL OPERATING EXPENSE				TOTAL OPERATING EXPENSE				
3,900,515	909,710	2,990,805	328.8%	3,900,515	909,710	2,990,805	328.8%	1,178,205
NET OPERATING REVENUE (EXPENSE) EBIDA				NET OPERATING REVENUE (EXPENSE) EBIDA				
NON-OPERATING REVENUE/(EXPENSE)				NON-OPERATING REVENUE/(EXPENSE)				
537,424	495,632	41,792	8.4%	537,424	495,632	41,792	8.4%	9 585,956
412,919	412,919	0	0.0%	412,919	412,919	0	0.0%	374,886
163,485	160,722	2,763	1.7%	163,485	160,722	2,763	1.7%	10 117,861
-	-	-	0.0%	-	-	-	0.0%	-
12,288	88,155	(75,867)	-86.1%	12,288	88,155	(75,867)	-86.1%	11 -
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	13 -
-	-	-	0.0%	-	-	-	0.0%	14 -
(1,103,102)	(1,154,615)	51,513	4.5%	(1,103,102)	(1,154,615)	51,513	4.5%	15 (1,059,977)
(119,018)	(118,962)	(56)	0.0%	(119,018)	(118,962)	(56)	0.0%	16 (103,376)
(317,589)	(305,371)	(12,218)	-4.0%	(317,589)	(305,371)	(12,218)	-4.0%	(320,625)
(413,594)	(421,520)	7,926	1.9%	(413,594)	(421,520)	7,926	1.9%	(405,275)
TOTAL NON-OPERATING REVENUE/(EXPENSE)				TOTAL NON-OPERATING REVENUE/(EXPENSE)				
\$ 3,486,921	\$ 488,190	\$ 2,998,731	614.3%	\$ 3,486,921	\$ 488,190	\$ 2,998,731	614.3%	\$ 772,930
INCREASE (DECREASE) IN NET POSITION				INCREASE (DECREASE) IN NET POSITION				
NET POSITION - BEGINNING OF YEAR				NET POSITION - BEGINNING OF YEAR				
NET POSITION - AS OF JULY 31, 2019				NET POSITION - AS OF JULY 31, 2019				
11.0%	2.8%	8.1%	RETURN ON GROSS REVENUE EBIDA	11.0%	2.8%	8.1%	RETURN ON GROSS REVENUE EBIDA	4.4%

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
JULY 2019 - PRELIMINARY

	Variance from Budget	
	Fav / <Unfav>	
	JULY 2019	YTD 2020
1) <u>Gross Revenues</u>		
Acute Patient Days were above budget 12.26% or 56 days. Swing Bed days were below budget 62.75% or 31 days. Inpatient Ancillary revenues were above budget due to the increase in Acute patient days.	Gross Revenue -- Inpatient	\$ 716,459
	Gross Revenue -- Outpatient	2,736,247
	Gross Revenue -- Total	\$ 3,452,706
Outpatient volumes were above budget in the following departments: Home Health visits, Surgical cases, Medical Supplies Sold to Patients, Laboratory tests, Oncology Lab tests, Diagnostic Imaging, Mammography, Medical & Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Briner Ultrasound, Cat Scan, PET CT, Oncology Drugs Sold to Patients, Gastroenterology, Tahoe City Physical Therapy, Physical Therapy, Physical Therapy-Aquatic, Speech Therapy, and Occupational Therapy.		
2) <u>Total Deductions from Revenue</u>		
The payor mix for July shows a 4.68% increase to Medicare, a 4.94% decrease to Medi-Cal, .33% increase to Other, County at budget, and a 0.07% decrease to Commercial when compared to budget. Contractual Allowances were above budget as a result of revenues exceeding budget by 10.8%.	Contractual Allowances	\$ (2,140,435)
	Charity Care	(107,562)
	Charity Care - Catastrophic	-
	Bad Debt	663,687
	Prior Period Settlements	663,687
	Total	\$ (1,584,310)
3) <u>Other Operating Revenue</u>		
Retail Pharmacy revenues exceeded budget by 12.18%.	Retail Pharmacy	\$ 31,076
	Hospice Thrift Stores	(16,586)
	The Center (non-therapy)	(981)
Negative variance in Hospice Thrift Store revenues related to the IVCH (formerly Kings Beach) Thrift store still remaining closed until final occupancy is obtained.	IVCH ER Physician Guarantee	28,467
	Children's Center	(3,629)
IVCH ER Physician Guarantee is tied to collections which exceeded budget in July.	Miscellaneous	17,018
	Oncology Drug Replacement	-
Children's Center revenues were below budget by 4.05%.	Grants	12,353
	Total	\$ 67,718
The District received funds from the Prime Suboxone program and a SHIP Grant from the State of California creating a positive variance in Grants.		
4) <u>Salaries and Wages</u>	Total	\$ 704,405
Timing of programs, physician employment start dates, and positions budgeted to start in July that did not transpire created a positive variance in Salaries & Wages.		
<u>Employee Benefits</u>	PL/SL	\$ (43,565)
Negative variance in PL/SL is a result of increased vacation time in July.	Nonproductive	45,363
	Pension/Deferred Comp	(64)
	Standby	(8,872)
	Other	25,283
	Total	\$ 18,145
<u>Employee Benefits - Workers Compensation</u>	Total	\$ 18,586
<u>Employee Benefits - Medical Insurance</u>	Total	\$ (91,766)
5) <u>Professional Fees</u>	Multi-Specialty Clinics	\$ (138,171)
Negative variance in Multi-Specialty Clinics due to the timing of physicians moving to the employment model.	The Center (includes OP Therapy)	(22,148)
	Miscellaneous	(9,126)
Outpatient Therapy revenues exceeded budget by 1.32% creating a negative variance in The Center (includes OP Therapy).	Truckee Surgery Center	(3,601)
	Home Health/Hospice	(1,615)
Positive variance in TFH Locums related to an amount budgeted in July for a potential Initiative that did not come to fruition.	Financial Administration	(942)
	IVCH ER Physicians	(149)
	Patient Accounting/Admitting	-
	Respiratory Therapy	-
	Managed Care	-
	Corporate Compliance	31
	Multi-Specialty Clinics Administration	733
	Medical Staff Services	1,688
	Marketing	2,275
	Administration	2,360
	Human Resources	2,493
	Information Technology	2,992
	Oncology	3,270

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
JULY 2019 - PRELIMINARY

	Variance from Budget	
	Fav / <Unfav>	
	JULY 2019	YTD 2020
5) Professional Fees (cont.)		
Sleep Clinic	8,151	8,151
TFH/IVCH Therapy Services	25,193	25,193
TFH Locums	481,529	481,529
Total	\$ 354,962	\$ 354,962
6) Supplies		
Medical Supplies Sold to Patients revenues exceeded budget by 25.51%, creating a negative variance in Patient & Other Medical Supplies.		
Oncology drugs Sold to Patients revenues exceeded budget by 31.05% creating a negative variance in Pharmacy Supplies.		
Patient & Other Medical Supplies	\$ (227,353)	\$ (227,353)
Pharmacy Supplies	(81,459)	(81,459)
Minor Equipment	(14,931)	(14,931)
Imaging Film	0	-
Food	2,101	2,101
Office Supplies	4,990	4,990
Other Non-Medical Supplies	27,679	27,679
Total	\$ (288,973)	\$ (288,973)
7) Purchased Services		
Outsourced coding and claim edits created a negative variance in Medical Records.		
Department Repairs came in below budget in Cat Scan, Engineering, Information Technology, IVCH Diagnostic Imaging and IVCH Cat Scan.		
Positive variance in Multi-Specialty Clinics related to Occupational Health Tahoe WorX services coming in below budget estimations.		
Pre-Employment, Employee Health screenings, and Employee Wellness Bank services fell short of budget estimations, creating a positive variance in Human Resources.		
Medical Records	\$ (13,823)	\$ (13,823)
Patient Accounting	(4,245)	(4,245)
The Center	(3,068)	(3,068)
Community Development	292	292
Diagnostic Imaging Services - All	992	992
Home Health/Hospice	3,834	3,834
Pharmacy IP	4,322	4,322
Laboratory	4,894	4,894
Information Technology	8,646	8,646
Department Repairs	12,958	12,958
Multi-Specialty Clinics	16,161	16,161
Miscellaneous	27,798	27,798
Human Resources	30,239	30,239
Total	\$ 88,999	\$ 88,999
8) Other Expenses		
Electricity, Water & Sewer, and Telephone costs came in below budget creating a positive variance in Utilities.		
Physician Recruitment and Personnel Recruitment budget estimates were lower than expected, creating a positive variance in Miscellaneous.		
Timing of insurance renewal coverage invoices for FY20 created a positive variance in insurance. This positive variance will be offset by a negative variance in August.		
Controllable expenses are being closely monitored by Senior Leadership, creating positive variances in the remaining Other Expense categories.		
Equipment Rent	\$ (1,898)	\$ (1,898)
Multi-Specialty Clinics Bldg Rent	(327)	(327)
Physician Services	-	-
Human Resources Recruitment	-	-
Multi-Specialty Clinics Equip Rent	32	32
Other Building Rent	1,931	1,931
Dues and Subscriptions	7,689	7,689
Utilities	30,790	30,790
Miscellaneous	41,924	41,924
Outside Training & Travel	46,099	46,099
Insurance	76,864	76,864
Marketing	88,020	88,020
Total	\$ 291,123	\$ 291,123
9) District and County Taxes		
Total	\$ 41,792	\$ 41,792
10) Interest Income		
Total	\$ 2,763	\$ 2,763
11) Donations		
IVCH	\$ (41,334)	\$ (41,334)
Operational	(34,533)	(34,533)
Capital Campaign	-	-
Total	\$ (75,867)	\$ (75,867)
12) Gain/(Loss) on Joint Investment		
Total	\$ -	\$ -
13) Gain/(Loss) on Sale or Disposal of Assets		
Total	\$ -	\$ -
15) Depreciation Expense		
Total	\$ 51,513	\$ 51,513
16) Interest Expense		
Total	\$ (56)	\$ (56)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
JULY 2019 - PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JULY 18	
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE									
\$ 2,396,125	\$ 2,272,943	\$ 123,182	5.4%	\$ 2,396,125	\$ 2,272,943	\$ 123,182	5.4%	1	\$ 2,038,831
Gross Revenues - Inpatient									
\$ -	\$ 4,499	\$ (4,499)	-100.0%	\$ -	\$ 4,499	\$ (4,499)	-100.0%		\$ 14,601
-	11,476	(11,476)	-100.0%	-	11,476	(11,476)	-100.0%		15,124
-	15,975	(15,975)	-100.0%	-	15,975	(15,975)	-100.0%	1	29,725
2,396,125	2,256,968	139,157	6.2%	2,396,125	2,256,968	139,157	6.2%		2,009,106
2,396,125	2,256,968	139,157	6.2%	2,396,125	2,256,968	139,157	6.2%	1	2,009,106
Deductions from Revenue:									
1,047,336	914,439	(132,897)	-14.5%	1,047,336	914,439	(132,897)	-14.5%	2	635,660
112,139	106,254	(5,885)	-5.5%	112,139	106,254	(5,885)	-5.5%	2	77,679
-	-	-	0.0%	-	-	-	0.0%	2	-
21,529	106,254	84,725	79.7%	21,529	106,254	84,725	79.7%	2	7,978
-	-	-	0.0%	-	-	-	0.0%	2	-
1,181,004	1,126,947	(54,057)	-4.8%	1,181,004	1,126,947	(54,057)	-4.8%	2	721,317
123,680	96,034	27,646	28.8%	123,680	96,034	27,646	28.8%	3	102,883
1,338,802	1,242,030	96,772	7.8%	1,338,802	1,242,030	96,772	7.8%		1,420,397
OPERATING EXPENSES									
333,461	346,577	13,116	3.8%	333,461	346,577	13,116	3.8%	4	337,912
101,070	108,930	7,860	7.2%	101,070	108,930	7,860	7.2%	4	110,962
3,013	4,303	1,290	30.0%	3,013	4,303	1,290	30.0%	4	3,727
72,645	67,391	(5,254)	-7.8%	72,645	67,391	(5,254)	-7.8%	4	49,813
257,342	273,993	16,651	6.1%	257,342	273,993	16,651	6.1%	5	249,996
1,520	1,536	16	1.1%	1,520	1,536	16	1.1%	5	2,104
28,948	82,648	53,700	65.0%	28,948	82,648	53,700	65.0%	6	39,933
35,268	54,323	19,055	35.1%	35,268	54,323	19,055	35.1%	7	40,963
68,644	82,632	13,988	16.9%	68,644	82,632	13,988	16.9%	8	81,252
901,910	1,022,333	120,423	11.8%	901,910	1,022,333	120,423	11.8%		916,662
436,891	219,697	217,194	98.9%	436,891	219,697	217,194	98.9%		503,735
NON-OPERATING REVENUE/(EXPENSE)									
-	41,334	(41,334)	-100.0%	-	41,334	(41,334)	-100.0%	9	-
-	-	-	0.0%	-	-	-	0.0%	10	-
(69,271)	(65,043)	(4,228)	6.5%	(69,271)	(65,043)	(4,228)	-6.5%	11	(59,302)
(69,271)	(23,709)	(45,562)	-192.2%	(69,271)	(23,709)	(45,562)	-192.2%		(59,302)
\$ 367,620	\$ 195,988	\$ 171,632	87.6%	\$ 367,620	\$ 195,988	\$ 171,632	87.6%		\$ 444,433
18.2%	9.7%	8.6%		18.2%	9.7%	8.6%			24.7%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
JULY 2019 - PRELIMINARY**

		Variance from Budget	
		Fav<Unfav>	
		JULY 2019	YTD 2020
1) Gross Revenues			
Acute Patient Days were below budget by 1 at 0 and Observation Days were below budget by 3 at 1.	Gross Revenue -- Inpatient	\$ (15,975)	\$ (15,975)
	Gross Revenue -- Outpatient	139,157	139,157
		<u>\$ 123,182</u>	<u>\$ 123,182</u>
Outpatient volumes exceeded budget in Laboratory tests, Diagnostic Imaging, Cat Scans, Respiratory Therapy, and Physical Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 2.15% decrease in Commercial Insurance, a 3.66% increase in Medicare, a 1.99% decrease in Medicaid, a .48% increase in Other, and County was at budget. We saw a negative variance in Contractual Allowances due to revenues exceeding budget by 5.40% and the shift from Commercial to Medicare.	Contractual Allowances	\$ (132,897)	\$ (132,897)
	Charity Care	(5,885)	(5,885)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	84,725	84,725
	Prior Period Settlement	-	-
	Total	<u>\$ (54,057)</u>	<u>\$ (54,057)</u>
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in July.	IVCH ER Physician Guarantee	\$ 28,467	\$ 28,467
	Miscellaneous	(821)	(821)
	Total	<u>\$ 27,646</u>	<u>\$ 27,646</u>
4) Salaries and Wages			
	Total	<u>\$ 13,116</u>	<u>\$ 13,116</u>
Employee Benefits			
	PL/SL	\$ 995	\$ 995
	Standby	(189)	(189)
	Other	1,361	1,361
	Nonproductive	293	293
	Pension/Deferred Comp	5,400	5,400
	Total	<u>\$ 7,860</u>	<u>\$ 7,860</u>
Employee Benefits - Workers Compensation			
	Total	<u>\$ 1,290</u>	<u>\$ 1,290</u>
Employee Benefits - Medical Insurance			
	Total	<u>\$ (5,254)</u>	<u>\$ (5,254)</u>
5) Professional Fees			
Multi-Specialty Clinic Primary Care exceeded budget due to the accrual of July RVU bonus and the monthly PSA exceeding estimated budget.	Multi-Specialty Clinics	\$ (3,820)	\$ (3,820)
	IVCH ER Physicians	(149)	(149)
	Administration	-	-
	Foundation	17	17
	Miscellaneous	27	27
Sleep Clinic professional fees are tied to collections which fell short of budget in July.	Sleep Clinic	8,151	8,151
	Therapy Services	12,442	12,442
Physical Therapy revenues exceeded budget, however, the mix of procedures delivered to patients resulted in a positive variance in Therapy Services.	Total	<u>\$ 16,667</u>	<u>\$ 16,667</u>
6) Supplies			
Patient & Other Medical Supplies revenues were below budget 22%, resulting in a positive variance in this category.	Imaging Film	\$ -	\$ -
	Food	116	116
	Office Supplies	510	510
	Non-Medical Supplies	1,327	1,327
	Minor Equipment	1,510	1,510
Pharmacy Supplies volumes fell short of budget by 35%, resulting in a positive variance in this category.	Patient & Other Medical Supplies	19,489	19,489
	Pharmacy Supplies	30,749	30,749
	Total	<u>\$ 53,700</u>	<u>\$ 53,700</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
JULY 2019 - PRELIMINARY**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>JULY 2019</u>	<u>YTD 2020</u>
7) <u>Purchased Services</u>			
Stewardship expenses came in below budget estimations, creating a positive variance in Foundation.	Diagnostic Imaging Services - All	\$ (384)	\$ (384)
Positive variance in Laboratory related to outsourced lab testing.	Surgical Services	-	-
Department Repairs came in below budget in Surgery, Laboratory, Diagnostic Imaging, Cat Scan, and Plant Operations, creative a positive variance in this category.	Pharmacy	-	-
	Multi-Specialty Clinics	28	28
	Engineering/Plant/Communications	973	973
	Miscellaneous	1,653	1,653
	EVS/Laundry	2,189	2,189
	Foundation	3,075	3,075
	Laboratory	3,302	3,302
	Department Repairs	8,218	8,218
	Total	<u>\$ 19,055</u>	<u>\$ 19,055</u>
8) <u>Other Expenses</u>			
Negative variance in Outside Training & Travel related to educational expense reimbursements.	Outside Training & Travel	\$ (4,772)	\$ (4,772)
Most of the remaining Other Expense categories fell short of budget as Senior Leadership monitors controllable costs.	Dues and Subscriptions	(553)	(553)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Other Building Rent	1	1
	Equipment Rent	940	940
	Utilities	1,904	1,904
	Marketing	3,542	3,542
	Miscellaneous	5,690	5,690
	Insurance	7,236	7,236
	Total	<u>\$ 13,988</u>	<u>\$ 13,988</u>
9) <u>Donations</u>	Total	<u>\$ (41,334)</u>	<u>\$ (41,334)</u>
10) <u>Gain/(Loss) on Sale</u>	Total	<u>\$ -</u>	<u>\$ -</u>
11) <u>Depreciation Expense</u>	Total	<u>\$ (4,228)</u>	<u>\$ (4,228)</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRELIMINARY FYE 2019		BUDGET FYE 2020	PROJECTED FYE 2020	PRELIMINARY JULY 2019	BUDGET JULY 2019	DIFFERENCE	PROJECTED 1ST QTR	BUDGET 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 29,358,835		\$ 12,072,919	\$ 15,063,726	\$ 3,900,515	\$ 909,710	\$ 2,990,805	\$ 7,425,834	\$ 4,137,259	\$ 2,488,975	\$ 1,011,658
Interest Income	1,322,573		1,854,579	1,854,692	414,192	414,079	113	414,192	477,577	481,808	481,114
Property Tax Revenue	7,435,543		7,125,000	7,163,105	138,105	100,000	38,105	188,105	75,000	3,950,000	2,950,000
Donations	682,123		1,060,000	989,176	9,176	80,000	(70,824)	219,176	290,000	240,000	240,000
Debt Service Payments	(3,938,422)		(5,031,900)	(5,371,681)	(693,030)	(353,249)	(339,781)	(1,399,528)	(1,194,500)	(1,059,747)	(1,717,906)
Property Purchase Agreement	(270,643)		(811,932)	(811,932)	(67,661)	(67,661)	0	(202,983)	(202,983)	(202,983)	(202,983)
2018 Municipal Lease	(1,148,646)		(1,717,332)	(1,574,221)	-	(143,111)	143,111	(286,222)	(429,333)	(429,333)	(429,333)
Copier	(24,163)		(64,560)	(64,329)	(5,149)	(5,380)	231	(15,909)	(16,140)	(16,140)	(16,140)
2017 VR Demand Bond	(853,995)		(792,912)	(1,413,133)	(620,221)	-	(620,221)	(620,221)	(134,753)	-	(658,159)
2015 Revenue Bond	(1,640,975)		(1,645,164)	(1,508,067)	-	(137,097)	137,097	(274,194)	(411,291)	(411,291)	(411,291)
Physician Recruitment	(145,863)		(180,000)	(165,000)	-	(15,000)	15,000	(30,000)	(45,000)	(45,000)	(45,000)
Investment in Capital											
Equipment	(3,302,261)		(5,320,498)	(5,320,498)	(65,849)	(497,961)	432,112	(1,493,883)	(1,311,931)	(1,011,500)	(1,503,184)
Municipal Lease Reimbursement	4,530,323		4,650,000	4,650,000	-	-	-	1,500,000	1,500,000	900,000	750,000
IT/EMR/Business Systems	(3,015,995)		(4,222,246)	(4,222,246)	(199,114)	(101,482)	(97,632)	(304,446)	(1,238,800)	(1,558,000)	(1,121,000)
Building Projects/Properties	(12,443,364)		(23,169,292)	(23,169,292)	(488,307)	(1,360,000)	871,693	(4,080,000)	(6,746,500)	(3,422,950)	(8,919,842)
Capital Investments	(916,898)		-	-	-	-	-	-	-	-	-
Change in Accounts Receivable	(1,980,619)	N1	2,451,297	5,107,198	2,978,603	322,703	2,655,900	3,059,503	650,853	1,881,379	(484,537)
Change in Settlement Accounts	1,850,705	N2	1,615,831	(212,356)	(2,386,520)	(558,333)	(1,828,187)	(3,169,356)	(762,500)	(4,027,000)	7,746,500
Change in Other Assets	(3,355,312)	N3	(2,400,000)	(1,827,214)	372,786	(200,000)	572,786	(27,214)	(600,000)	(600,000)	(600,000)
Change in Other Liabilities	147,774	N4	(695,000)	(2,199,409)	(2,304,409)	1,300,000	(3,604,409)	95,591	(5,040,000)	1,320,000	1,425,000
Change in Cash Balance	16,229,142		(10,189,310)	(7,659,799)	1,676,149	40,466	1,635,683	2,397,975	(9,808,542)	(462,035)	212,803
Beginning Unrestricted Cash	70,805,546		86,364,471	87,034,688	87,034,688	87,034,688	-	87,034,688	89,432,663	79,624,120	79,162,086
Ending Unrestricted Cash	87,034,688		76,175,161	79,374,889	88,710,837	87,075,154	1,635,683	89,432,663	79,624,120	79,162,086	79,374,889
Expense Per Day	469,967		516,504	513,500	492,483	527,851	(35,369)	522,060	519,918	520,242	516,504
Days Cash On Hand	185		147	155	180	165	15	171	153	152	154

Footnotes:

N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.

N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.



Board Informational Report

By: Harry Weis
CEO

DATE: 8/9/19

Finance Strategies:

Our overall volume and revenues continue to be quite strong in the first month of the new fiscal year with actual being approximately 10% higher than our budget! This trend is on top of an overall 28% approximate growth rate in our previous fiscal year.

People Strategies:

We have now completed nineteen very well received team member Town Hall meetings with the largest aggregate attendance versus any prior year. There is a clear noticeable positive directional change year over year from these important feedback meetings.

Overall, the very large change of an increasing number of employed physicians is moving forward quite smoothly, all things considered, with changeover dates assigned for applicable physicians or groups.

We have made some real strategic progress in creating a larger more closely aligned physician team that honors each person for greatly improved long-term results.

Service Strategies:

The week, the District was approved for its second rural health clinic (RHC) for the Internal Medicine/Cardiology clinic in the Old Gateway Center. We are really excited for this positive change. We still await our RHC site visit at the Incline Health Center. In several months, we will be submitting for the second floor of the cancer center to all become an RHC as well.

In addition to monthly updates on each aspect of our current Strategic Plan from many of our C-Suite leaders, a detailed update of the Strategic Plan will be provided in October to the board.

Quality Strategies:

Our commitment to improving the quality of care we provide year over year continues with very focused efforts and reports to the board periodically throughout the year. Our patients are the central focus in all we do!

Growth Strategies:

We will be a prominent sponsor with high visibility at a Tahoe Fund event on August 19, along with Barton Health as our two health systems cover the 360 degrees around the Lake Tahoe Region.

We are also meeting with the leadership of the hospitals to the north and to the south and east of our health system to collaborate on ways to serve the region better.

Construction continues on schedule for the third floor of the medical office building and on the 2nd floor of the Cancer Center for new patient exams rooms and provider services space.

We are making great progress on leasing Monday through Friday parking spaces at local businesses in Truckee, as we are really short on patient and employee parking on our main campus. We will have two shuttle buses take our employees back and forth Monday through Friday so that we are freeing up more patient parking until a parking structure can be built on our campus.

We also continue our strong focus on workforce housing, a critical need by team members in our health system. We are partnering with important, large community employers and are hopeful within 3 years or so, we will have something substantial to share with our team members regarding new legitimate opportunities to live and work in Truckee.

We also continue to be very focused on Nevada, California and other regional or federal healthcare legislative changes that could harm or help our health system, coupled with how we can improve both healthcare in America and the quality of life for all Americans.



Board COO Report

By: Judith B. Newland

DATE: August 2019

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

We continue to focus on our BETA HEART program and meeting the five domains of Culture of Safety, Rapid Event Response & Analysis, Communication and Transparency, Care for the Caregiver, and Early Resolution. Currently, we are focusing on a Care for the Caregiver program by developing a Steering Committee that will drive program development. The goals of the program include supporting staff to feel safe in reporting adverse events, have peer supporters to follow-up with staff regarding second-victim phenomenon, and designate a "Safe Space" where caregivers can go after an event to begin to recover.

The SCORE Survey performance improvement process continues with the Patient Safety Officer continuing to meet with staff to set-up goals for improvement.

Growth: Foster and Grow Community and Regional Relationships

Enhance and promote our value to the community

The Incline Village Community Hospital Foundation (IVCHF) had a successful Donor Appreciation Event on August 13, 2019. The event was held at the Kern Schumacher estate in Incline Village. Jacky Rosen, U.S. Senator for the state of Nevada, was present and toured Incline Village Community Hospital prior to the event. There were approximately 120 guests in attendance.

Volunteers for the Best of Tahoe Chef and the Gift Tree were recognized and appreciated for their time at a gathering on August 8th. Thank you to all of the individuals who make a difference in providing services to our patients and families.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Moves:

- Pediatrics move is schedule to be completed 8/19/2019.

Projects in Progress:

Project: TFHD Pharmacy Clean Room, OSHPD S170926-29-00

Estimated Start of Construction: 4/30/2018

Estimated Completion: Fall 2019

Summary of Work: To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.

Update Summary: The Temporary room is in use. Construction of Pharmacy is completed. Approval process is in motion. CDPH inspection was on 8/8/2019, wait approval of use.

Project: 3rd Floor MOB Phase 1

Estimated Start of Construction: 11/19/2018

Estimated Completion: Fall 2019

Summary of Work: Phase 1 reconstruct the 3rd Floor MOB 2 western suites for increased flexibility and additional exam rooms.

Update Summary: Project is completed; move is scheduled to be completed 8/19/2019.

Project: Cancer Center 2nd Floor

Estimated Start of Construction: 10/18/2018

Estimated Completion: Fall 2019

Summary of Work: Construct the 2nd floor of the Cancer Center for expansion of Rural Health Clinic Services.

Update Summary: Finishes are completed; first floor entrance construction is commencing.

Project: Tahoe City Physical Therapy Expansion

Estimated Start of Construction: October 2019

Estimated Completion: TBD

Summary of Work: Lease and renovate the remainder of the second floor of existing building.

Update Summary: Bids will be received 9/12/2019

Project: Center for Health and Sports Performance Renovation

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Transform existing center into open floor concept and provide additional treatment tables.

Update Summary: Project on Hold

Project: 2019 TFH Structure Demolition

Estimated Start of Construction: September 2019

Estimated Completion: November 2019

Summary of Work: Demolish Pat and Ollies, North and South Levon Apartment structures.

Update Summary: Contract will be proposed to the Board at the August board meeting.

Projects in Permitting:

Project: Campus Water Improvements

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.

Update Summary: Electrical has been approved, water improvements are under review.

Project: ECC Interior Upgrades

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remodel all patient rooms and dining area of the 1985 building of the ECC

Update Summary: Project has been resubmitted to OSHPD.

Project: Security Upgrades

Estimated Start of Construction: Winter 2019

Estimated Completion: Summer 2020

Summary of Work: Make the necessary modifications to improve security in Surgery, Diagnostic Imaging and Emergency Departments.

Update Summary: The project under OSHPD Review

Projects in Design:

Project: Day tank and Underground Storage tank replacement.

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remove and replace the 30-year-old underground storage tank and existing day tank.

Update Summary: Project is in the process of being designed.

Project: 2nd Floor MOB

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remodel 3 suites of the 2nd floor of the MOB.

Update Summary: Project is in the process of being designed.

Project: Site Improvements Phase 2

Estimated Start of Construction: Summer 2019

Estimated Completion: Winter 2019

Summary of Work: Project include the Levon Parking Structure, Pat and Ollies Parking, Gateway Temporary Lot and MOB East Parking Extension.

Update Summary: Project is in the process of being designed.

Project: Gateway Medical Office Building

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2024

Summary of Work: Create a new medical office building to house multiple hospital entities.

Update Summary: Procurement method is in development.

Project: Incline Endoscopy and SPD Remodel

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2024

Summary of Work: Create a new procedure room for ENDO procedure and enhance SPD for processing.

Update Summary: Project is in design.



By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: August, 2019

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Monitor project install has started
- IV pumps will follow the monitor project with both integrating into the EPIC system

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- **Level III Trauma**
 - Data collection for the level III Trauma to begin on September 1st. This data is used to evaluate our program prior to designation (This is a one-year process)
- Grant update: Carestar proposing for TFHD to receive the Jeff Layton Memorial Grant. This is a grant that assists Rural and Critical access hospitals attain equipment and meet educational needs. The goal of this grant is to assist Rural and Critical access hospitals attain equipment and education needs.
- Trauma Protocols are nearing completion with the Medical Executive Committee approving them
- Performance Improvement Project: Clinical nursing services teaming for a project that will address the charging process and capture
- **Behavioral Health**
 - The behavioral Health department continues to provide support to the ED for the 5150 patients
 - Expanding program: Next steps is the hiring of the Behavioral Intensivist with expanded services to the IVCH area

Growth: Meets the needs of the community

Enhance and promote our value to the community

- Truckee Surgery Center
 - Project is 90% completed
 - Staff hired (continue to recruit for first assist)
 - Facility improvements continue (Scheduled completion 8-16)
 - Block time complete for orthopedic sessions
 - Projected opening first week of September

Board Informational Report

By: Jake Dorst, MBA
Chief Information and Innovation Officer

DATE: August 2019

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- **Microsoft Patching:** List published of vulnerabilities and required patches. Working to accelerate deployment leveraging Software tools. Policy in progress to craft repeatable process.
- **KnowBe4: PhishER** – Identify and Respond to Email Threats Faster
 - Security Orchestration, Automation and Response modules purchased. Scheduled to begin work with engagement manager week of 8/19
- **Aruba Introspect** – User and Entity Behavior Analytics and Network Traffic Analysis
 - Proof of Concept (POC) in flight. Systems collecting Network data and identifying potential behavioral risk, opportunities to tighten up network security. POC to run through August. **Reveal(X)** on deck for next POC in September (Network Detection and Response)
- **PKI:** - Public Key Infrastructure Servers (Authenticate users and devices). Technology which authenticates users and devices via cryptographic keys that are associated with trusted certificate authority
 - Vendor Engagement staged. Realigning & prioritizing resources to begin working with vendor on project execution plan. Planned start September
- **TSC:** Workstations available for current staff. Additional being setup for new-hires. New printer on rush order.
- **TTMG:** Physical technology asset and NW walkthrough occurring of all facilities 8/15 with Annie Campbell. Purpose is to identify HW/NW requirements to onboard group
- **Voice Over IP (VOIP):** Engaging VOIP vendors for long term efforts of creating an extensible, robust and low touch Unified Communications suite to allow for simplified architecture and growing remote use technical capabilities
 - Have received overview of FUZE and BlueIP. Will align to longer term IT strategic plan
- **CC TB Room:** Pulling in vendor to inventory/review current equipment and identify areas of improvement to increase usability, reduce complexity and improve performance
- **Windows 10:** All new systems being installed with Win 10. Existing workstations being upgraded incrementally as opportunities present themselves. Extensive Enterprise Rollout plan being established
 - Replace older systems
 - Finalize ISO/Desktop
 - Work with each department on schedule and set clear expectations (Set Unique, first logon profile build delay, new look and feel ... etc.)
 - Establish timeframes and schedule
 - Begin rollout (ETC 12/15)

- **IT Operational Project Rollout Support (PMO Projects):**
 - Nuance
 - MIM
 - ACR
 - IMPRESS
 - TTMG
- **TSC** – Executing. Significant risks in place related to key human resources. September 3rd opening date is in jeopardy.
- **TTMG** – Initiating. Gathering details of project scope and planning for formal project kickoff 1st week of September.
- **Lockbox**: 90% transition to operations. Fixing Notes file flows and will be able to close this project
- **IRRG (Intl claims recovery)**: 75% complete. Working on data automation processes.
- **ED Trauma III**: Preparation for data collection period in Sept. 90% complete. Project Planning in Preparation for Survey 90% complete. Overall project 15% for 9/2020 close date.
- **EEO**
 - Executing. On schedule. Build/Test in process. Training preparation in Process. Clinical, Access, Revenue Cycle readiness planning in process
 - EEO: Cadence Grand Central. Working on schedule conversion and RHC registration planning.
 - EEO: HIM. Planning for coding reviews and training.
 - EEO: PB. In Build/Test. Managing DAIR And Deliverables. Most of current round nearing 75% completion
 - EEO: Reports/Extracts. Compiling master inventory of reports/extracts to be affected by EEO, by source (HB, PB, Clarity). Work begun on Premier/Aparek feeds.
 - EEO: Hardware. Printers for PB claim forms in progress.
 - CORE/ARCR, Training planning and validation is underway with individual service lines/departments. Change management activities with specialties scheduled to move to CC 2nd floor in progress. Next will be business office.
- **Data Management Team** – Executing. Joint TFH/Mercy Data Governance group is in place. Team is tasked to ensure that data extract work continues to move forward on schedule and prioritize requests for new data reporting.
- **Hospitalist Audit Team** – Executing. Team to review 100% of hospitalist and inpatient charges is ready to launch. Waiting on creation of flag (dummy EAP code) by Mercy. Expect launch within 14 days.
- **Lab Scheduling in MyChart** – Executing. Waiting on final version from Mercy to pass QA. Once validated service launch will be scheduled.
- **Kaufman Hall/Axiom:**
 - Data Self Service. Mercy putting in place access to schemas, to run Mgmt Reporting (eventually Cost Accounting) on demand. Working processes for us to have access to modify tables such as procedures and departments.
 - Management Reporting. Phase I: Monthly volumes at 95% completion. Waiting for August numbers to come in error free to call this complete. Phase II is supporting documentation and optimization efforts.
 - Budgeting. 100% complete for current year. Working to build tables for next FY. Transitioning to Operations
 - Financial Planning. 100% complete for current year. Working to build tables for next FY. Transitioning to Operations

- Cost Accounting. 25% complete. Data: Received data dictionary 8/15 and begun validating data. Design: Onsite scheduled for October 2019. Build: Once data and design complete, project completion April 2020.
- Daily Productivity. Daily Volumes: SOW to mercy 75% complete (Using OSHPD key stat for each department). Daily Hours. Time clock build projected for 11/1/19 and data feed at that point.
- **Ultipro**:
 - Time keeping (UTM to UTA): Project pushing for completion by 11/1/19
 - Core (Mid Market to Enterprise): Will follow Timekeeping.
 - Recruiting/Onboarding: Recruiting live and transitioning to operations. Onboarding 50% complete.
- **Experian**:
 - Real Time Authorizations: Radiology Only. Phase I (Auth results): In build, 50% complete. Phase II (Auth submissions): to follow
 - Credit Card Portal: Working with Experian to draft SOW for bid.
- **Behavioral Health**: Program Charter completed. Design Decision for TelePsychiatry Providers to Mercy for build.
- **ECC (NTT Software)**:
 - Clinical Optimization of NTT Software for Regulatory Issues: Solution to be built and reviewed in coming week.
 - Clinical Tech Support Project: Design and Implement both a Training program and contracting for User support resource underway.
- **Cancer Center Epic Implementation (TFCC)** – Executing. On Schedule. Build completed. Work in progress: Protocol Build and Validation, Interfaces, Reports, Training preparation, Research Protocols, Hardware, Negotiations with Nursenav. Scheduled Go live 2.1.2020.
- **Nihon Kohden** – Planning/Executing. Infrastructure work has begun. Kickoff call planned for next week. Schedule: NK to provide input on the dates.
- **CancerLinQ** – Planning. Mercy to deliver a plan and a quote by 8.23 Go live Planned for 2.14.2020. Concurrent with TFCC.
- **Aria v15 Upgrade** – Executing. Concurrent with TFCC. Next Phase: Software Upgrade, Training planning. Concurrent with TFCC. Planned Go live 2.1.2020.
- Epic Upgrade September 11. Work to prepare tip sheets and updates for changes coming to staff and providers underway.
- Data Extract revision work with Mercy for all impacted by move to PB
- Cancer Center Epic-Large work effort to build all reports for the Cancer Center
- Interfaces for Epic Cancer Center to Varian integration project in build phase.
- Cancer LinQ Data Extract work begun for move to Epic data. 16 Data Extracts
- Contract Interface/Data transfer/Report resource to start August 19.
- Holter monitor research and demos underway for new vendor.
- Rural Health clinic Ambulatory module changes for Peds and IM Pulm
- Pediatrics move to 3rd floor of MSC
- MyChart work for patient questionnaires in clinics and Cancer Center
- Impress Sterile Processing Instrument tracking software, tech call and budget
- New Provider onboarding/training/support
- Custom report requests, many

- Two Reporting Workbench/Dashboard 3 hour trainings per week for August
- Prime new grant, five additional metrics, reports
- Epic Certifications underway: Jen Tirdel-Clarity HB/PB, Ivy Gillette-Clarity Clinical Data Model for Beacon
- Epic Credentialing completed: Christina Eastwood Ambulatory module
- Lab Open Scheduling project



Board CMO Report

By: Shawni Coll, D.O., FACOG
Chief Medical Officer

DATE: August 13, 2019

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- We have brought in a consulting group, ECG, to evaluate our call compensation. This information will be valuable to the organization and improve relations between Administration and Medical Staff.

Build a culture based on the foundations of our values

- We have developed a new physician bonus structure to help improve engagement and reduce burnout, all while making the physicians feel that their opinions are valued.

Attract, develop, and retain strong talent and promote great careers

- We have a verbal agreement with a new neurologist who would potentially start this time next year.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- Continue to work with HR on standard processes with employed medical staff providers.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- SCOR survey results were presented to the medical staff and a focus group to be held later this month.

Identify and promote best practice and evidence-based medicine

- Continue to educate the Medical Staff on burnout. A new Burnout Task Force was suggested and will be implemented by the Well Being Committee in the coming months.

Growth: Meets the needs of the community

Explore and engage potential collaborations and partnerships

- We are looking into potential partners for telehealth services.

AGENDA ITEM COVER SHEET

ITEM	ABD-01 President & CEO Performance Evaluation Policy
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>ABD-01 President & CEO Performance Evaluation Policy was reviewed by the Executive Compensation Committee at their May 8, 2019 meeting.</p> <p>The committee added the following timelines to ABD-01:</p> <ul style="list-style-type: none"> • An initial meeting should be set with the CEO by October 1. • The CEO Performance Evaluation template should be distributed to board members by November 1. • Completed evaluations should be returned to counsel by November 15. • The formal evaluation should be presented to the CEO no later than November 30. <p>The CEO title was also updated throughout the policy.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>Executive Compensation Committee is recommending approval of the attached policy.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Approval via Consent Calendar.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • ABD-01 President & CEO Performance Evaluation Policy 	

ABD-01 President & Chief Executive Officer Performance Evaluation

POLICY:

A formal system of performance evaluation shall be established for the President & Chief Executive Officer (CEO) and shall be annually completed by the Board of Directors.

PURPOSE:

To establish a process or processes designed to ensure that the ~~Chief Executive Officer~~ President & CEO is performing the duties to achieve Tahoe Forest Hospital District's Mission and Vision and are reflective of the organization's values.

It is the objective of the formal performance evaluation system:

1. To reveal areas in which the President & CEO has opportunities for growth; and
2. To optimize the performance of the President & CEO of the Tahoe Forest Hospital District.

PROCEDURE:

- ~~A. The objectives of the formal performance evaluation system are:
 - ~~0. To reveal areas in which the Chief Executive Officer has opportunities for growth.~~
 - ~~0. To optimize the performance of the Chief Executive Officer of the Tahoe Forest Hospital District.~~~~
- B. The Board of Directors will set an initial meeting with the President & CEO on or around October 1 each year, at which time the President & CEO will present both a Succession Plan and an overview of opportunities and accomplishments of the prior fiscal year.
- C. The performance evaluation appraisal form will be distributed to the Board of Directors no later than November 1. Completed evaluations should be sent to General Counsel no later than November 15.
- D. The ~~President & CEO~~ ~~Chief Executive Officer's~~ performance will be formally reviewed ~~in by the full board no later than November 30 and will be documented through a written report by Counsel, based on pre-determined criteria. The process will be accomplished by the full Board of Directors and will be documented through a written report. Upon the board's approval, a formal letter will be presented to the President & CEO by two board members.~~
- E. At the time of the performance evaluation, an annual review of the President & CEO's Employment Agreement will also be conducted. The Board will have the option to extend the Employment Agreement.
- ~~D.F. The Chief Human Resources Officer will review the job description of the President & CEO each year no later than November 30 and inform the President & CEO and Board of Directors of any recommended modifications~~
- ~~E.G. The TFHD Board of Directors will provide regular ongoing feedback to the President & CEO Chief Executive Officer relating to his/her performance in accomplishment of objectives.~~
- ~~F.H. At the time of the performance evaluation, an annual review of the Chief Executive Officer's Employment Agreement will also be conducted. The Board will have the option to extend the Employment Agreement.~~

Tahoe Forest Hospital District
Refunding of 2012 General Obligation Bonds, Series C
August 22, 2019

PURPOSE

A refunding of the District’s outstanding \$25,570,000 General Obligation Bonds, Election of 2007, Series C (2012) (the “2012 GO Bonds”) will (i) provide for lower debt service payments over their remaining life thus reducing the tax burden on District property owners and (ii) improve the District’s credit profile as it relates to rating agency evaluations of the District’s general obligation bond credit rating. Debt service savings as a result of this refunding would directly reduce the levy of ad valorem taxes payable by District property owners over the next 23 years. Total savings ended up at just under \$200,000 per year, up from \$191,000 in annual savings projected last month.

BACKGROUND AND FINDINGS

On August 2, 2012, the District issued the 2012 GO Bonds with its proceeds used to fund improvements for radiology upgrades, the construction of a new cancer center, central plant upgrades and a renovation and expansion of the District’s skilled nursing facility, among other projects, all located in Truckee, California.

Over the past several months tax-exempt interest rates have declined gradually which decline has produced a continuing increase in the savings associated with a refunding of the District’s 2012 GO Bonds. With approval of the Final Bond Resolution on July 25, 2019, we moved our sale date forward by six days and posted the Preliminary Official Statement that same evening. We marketed the 2019 Refunding General Obligation Bonds over the next several days and priced and sold the 2019 Refunding General Obligation Bonds on August 1, 2019, through the combined efforts of our underwriting syndicate members: Hilltop Securities, Piper Jaffray, Raymond James and DA Davidson. Orders were received from mom and pop retail, professional retail, and from various institutional buyers. Later that same day Crystal Betts on behalf of the District and Hilltop Securities on behalf of the underwriting syndicate executed the Bond Purchase Agreement to confirm the pricing terms and conditions that were agreed to with the verbal award provided during the final pricing earlier in the day. Closing and settlement of the 2019 Refunding General Obligation Bonds is scheduled to occur on September 4th with the redemption of the 2012 GO Bonds occurring later the same day. Our evaluation of this proposed refunding has been ongoing for the past nine months. By beginning the refinancing process when we did, I believe that our timing to enter the market and sell bonds was incredibly fortuitous and very favorable for the District.

SUMMARY AND FINAL RESULTS

In summary, the current refunding of the 2012 GO Bonds occurred on August 1, 2019, producing almost \$4.6 million in total savings (approximately \$200,000 per year) and just over \$3.4 million in net present values savings, representing about 13.3% of the outstanding principal amount of the 2012 GO Bonds.

Over the past four years, the District refunded all three of its general obligation bond issues with the following results:

	<u>Par Amount of Bonds Issued</u>	<u>Total Savings</u>	<u>NPV Savings</u>	<u>Percentage Savings</u>
2008 GO Bonds (refunded with 2015 Bonds)	\$30,810,000	\$5,184,014	\$3,629,539	12.375%
2010 GO Bonds (refunded with 2016 Bonds)	\$45,110,000	\$10,617,909	\$7,719,547	18.043%
2012 GO Bonds (refunded with 2019 Bonds)	\$24,710,000	<u>\$4,591,190</u>	\$3,403,786	13.319%

Total Combined Savings (reduction in property taxes) \$20,393,113

The District, due to its improved operating performance this past year, continued strong liquidity and low leverage also retained its high Aa3 rating with Moody’s Investors Service on its outstanding general obligation bonds.

Summary of Refunding Results
Tahoe Forest Hospital District
2019 General Obligation Refunding Bonds
FINAL NUMBERS

Dated Date	9/4/2019
Delivery Date	9/4/2019
Arbitrage yield	2.698626%
Escrow yield	
Value of Negative Arbitrage	
Bond Par Amount	24,710,000.00
True Interest Cost	2.811427%
Net Interest Cost	2.871043%
Average Coupon	3.167680%
Average Life	15.621
Par amount of refunded bonds	25,570,000.00
Average coupon of refunded bonds	3.943525%
Average life of refunded bonds	15.734
PV of prior debt to 09/04/2019 @ 2.698626%	29,611,503.64
Net PV Savings	3,405,609.18
Percentage savings of refunded bonds	13.318769%
Percentage savings of refunding bonds	13.782312%



MULTNOMAH GROUP

Retirement Plans Oversight Presentation Tahoe Forest Hospital District Board of Directors

August 22, 2019

Q1, 2019 Activities

- Reviewed performance of Plan investments
 - ✓ No Removal recommendations
- Reviewed Fidelity Index fund pricing change, agreeing to keep the Fidelity Index funds
- Committee reviewed the Plans' assets to ensure accuracy of reporting
 - ✓ No issues were found
- Received the Fidelity Annual Plan Review discussing plan demographics and administrative services

Q2, 2019 Activities

- Reviewed performance of Plan investments
 - ✓ Committee approved recommendation to remove the Fidelity Diversified International Fund for performance reasons and move the money to Harding Loevner International Equity. Fidelity has this schedule to occur on August 30, 2019
 - ✓ All other investments are rated Satisfactory by Multnomah Group's Investment Committee
- Committee reviewed the Plans' assets to ensure accuracy of reporting
 - ✓ No issues were found
- Committee received 2019 Fee Benchmarking Report agreeing the fees paid are reasonable for services received
- Committee received the 2019 Share Class Comparison Report agreeing to replace:
 - ✓ Fidelity Total Bond **Z** with Fidelity Total Bond **K6** reducing the expense ratio by 0.06%
 - ✓ Vanguard FTSE Social Index **Inv** with the Vanguard FTSE Social Index **Adm** reducing the expense ratio by 0.04%
- As fiduciary education, Multnomah Group presented to the Committee "Fiduciary Training Program: Service Providers and Their Fees"

Breakdown of Plans – June 30, 2019

401(a) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none"> Plan Assets increased from \$38.0 MM as of Dec. 31, 2018 to \$41.8 MM as of June 30, 2019 All investments are scored “Satisfactory” by Multnomah Group’s Investment Committee. 	<ul style="list-style-type: none"> Plan Assets increased from \$47.0 MM as of Dec. 31, 2018 to \$51.8 MM as of June 30, 2019 Investments: Same Participation Rate Increased from: <ul style="list-style-type: none"> 78.% as of Dec. 31, 2018 to 81% as of June 30, 2019 Ave. Deferral Rate Decreased from: <ul style="list-style-type: none"> 8.6%, as of Dec. 31, 2018 to 7.7% as of June 30, 2019 <i>*Auto enrollment is set at 6%</i> Total Savings Rate (EE & ER) <i>Increased</i> from: <ul style="list-style-type: none"> 13.5% to 12.6% due to due to higher participation and the benefits of match <p>Fidelity Tax-Exempt Healthcare Clients Average</p> <ul style="list-style-type: none"> <i>Participation Rate - 62%</i> <i>Deferral Rate - 4.3%</i> <i>Total Savings Rate - 11%</i>

* June 30, 2019

Annual Fiduciary Program



Quarter 1

Fiduciary Governance

- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Review of asset class coverage
- Review of Investment Policy Statement (if applicable)
- Review of Charter for Committee (if applicable)
- Fiduciary education
- Other business



Quarter 2

Vendor Fees and Services

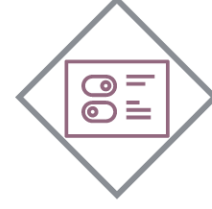
- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Annual review of insurance and bonding (as prepared by Risk Management and reported to Committee)
- Annual review of fee disclosure notices
- Annual review of costs and services to evaluate reasonableness
- Fiduciary education
- Other business



Quarter 3

Engagement

- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Review of participant utilization and demographic data (as prepared by third-party service provider and report to Committee)
 - Participation
 - Contributions
 - Investment performance
 - Retirement readiness
- Review of participant education and advice offerings
- Review of required participant disclosures and notices (as prepared by Human Resources and reported to Committee)
- Fiduciary education
- Other business



Quarter 4

Plan Operations

- Review of minutes of previous quarterly meeting and reports on action items
- Quarterly investment review
- Review of 404(c) compliance procedures (as prepared by Human Resources)
- Regulatory update
- Review of plan testing results (if applicable)
- Review of government filings and audit (as prepared by Benefits and reported to Committee)
- Review of any year closing amendments to the Plan
- Annual review of claims and appeals, participant inquiries, issues, and complaints (as prepared by Human Resources and reported to Committee)
- Review of proposed annual report to Board on activities during the year
- Fiduciary education
- Other business

Questions

What other information would the Board like to see?

Disclosures

Multnomah Group is a registered investment adviser, registered with the Securities and Exchange Commission. Any information contained herein or on Multnomah Group's website is provided for educational purposes only and does not intend to make an offer or solicitation for the sale or purchase of any specific securities, investments, or investment strategies. Investments involve risk and, unless otherwise stated, are not guaranteed. Multnomah Group does not provide legal or tax advice.

AGENDA ITEM COVER SHEET

ITEM	Patient and Family Advisory Council (PFAC) Summary Report
RESPONSIBLE PARTY	Lorna Tirman CXPX, PhD, MHA, RN Patient Experience Specialist
ACTION REQUESTED?	For Information Only
<p>BACKGROUND: The Patient and Family Advisory Council (PFAC) will have an active role in improving the patient and family care experience by identifying opportunities, gathering and providing feedback and perspectives on services, activities, and programs related to patient and family centered health care.</p>	
<p>SUMMARY/OBJECTIVES: The PFAC is committed to assisting the Health System to improve patient experiences by reviewing patient satisfaction feedback and comments, and offering their insights and expertise. Currently we are focusing our improvement efforts in the outpatient and medical practice settings. The Committee also reviews any new or ongoing initiatives within the Health System prior to implementation. Some of the accomplishments of the PFAC in 2019 have been:</p> <ol style="list-style-type: none"> 1. Provided input to Foundation staff about the <i>Grateful Patient Program</i> 2. Provided feedback about the Quality & Safety page in the TFHD Website 3. Provided recommendations with the Quiet/Comfort Packs, which will be implemented in the Fall of 2019 for all inpatient areas to improve our HCAHPS feedback regarding discharge, medication information, and quiet at night. Funding supported by the Small Rural Hospital Improvement Program (SHIP) grant. 4. Submitted article to Employee Pacesetter Monthly Newsletter to educate leaders and employees about the role of the PFAC in supporting improvement initiatives throughout the Health System. <p>Strategic Plan Ideas for PFAC 2019/2020:</p> <ol style="list-style-type: none"> 5. Creating educational tools for patients on how to best navigate health system and their health care experience. 6. Every year at least one member of our PFAC attend the Annual Patient and Family Centered Care Conference 7. Review most common patient complaints for their feedback on how to best manage, so they do not re-occur and to identify the best service recovery options. 8. Assist with "End of life" conversations and how to advocate for patient's wishes. 9. Educate employees by writing a Pacesetter article reviewing the role of PFAC and their supportive improvement feedback with initiatives throughout the Health System 10. Focus on improving patient satisfaction survey response rates through patient and staff education 11. Create tip sheets for patients to use when visiting Providers to help them prepare for their appointments. <p>Next meeting September 17, 2019 to determine how to move forward with the initiatives we have identified.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the 2019 PFAC Summary Report as presented.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • PowerPoint presentation 	



Patient & Family Advisory Council Update

August 22, 2019



Accomplishments PFAC 2019

- Provided input to Foundation staff about the *Grateful Patient Program*
- Pati Johnson attended Annual Patient and Family Centered Care Conference with Lorna Tirman
- Gave input to Director of Medical Practice on how to educate community when we re-name or move clinics or add providers
- Provided feedback about the Quality & Safety page in the TFHD Website
- Provided recommendations with the Quiet/Comfort Packs, which will be implemented in the Fall of 2019 for all inpatient areas to improve our HCAHPS feedback regarding discharge, medication information, and quiet at night. Funding supported by the Small Rural Hospital Improvement Program (SHIP) grant.
- Submitted article to Employee Pacesetter Monthly Newsletter to educate leaders and employees about the role of the PFAC in supporting improvement initiatives throughout the Health System.

Strategic Plan PFAC 2019

Projects being considered

- Creating educational tools for patients on how to best navigate health system and their health care experience.
- Every year at least one member of our PFAC attend the Annual Patient and Family Centered Care Conference
- Review most common patient complaints for their feedback on how to best manage so they do not re-occur and to identify the best service recovery options.
- Assist with "End of life" conversations and how to advocate for patient's wishes.
- Educate employees by writing a Pacesetter article reviewing the role of PFAC and their supportive improvement feedback with initiatives throughout the Health System
- Focus on improving patient satisfaction survey response rates through patient and staff education
- Create tip sheets for patients to use when visiting Providers to help them prepare for their appointments.

Improving the Patient Experience

TFHS Patient and Family Advisory Council

The Patient and Family Advisory Council (PFAC) brings together patients and families with members of our healthcare team and provides guidance to improve the patient and family experience. Through their unique perspective, they give input on issues that impact care, ensuring that the next patient or family member's journey is an even better one.

The PFAC is made up of eight community members and TFHS leadership. They began in 2014 with an educational grant from Beta Healthcare Group. TFHS recognizes the importance of having patients and families participate in hospital planning and process improvement in order to enhance the quality of care and patient experience.

The PFAC meets monthly to discuss current priorities for the Health System from a patient and family perspective, and with their input, help with improvement strategies. At every meeting, they address quality concerns, patient experience feedback, and any other initiatives that specific departments are working on.

"The thing that I find most impressive is the hospital's commitment to constantly look to improve the patient's experiences. The responsiveness of the hospital staff, from the CEO to the patient advocate and to individual departments to implement suggestions from this council has been great," says Doug Wright, PFAC member.

There are many examples of projects this council has influenced with their valuable perspectives and input.

- Helped identify key components of our inpatient communication boards
- Provided input on improving the patient and family experience in our outpatient settings and our medical practice clinics
- Toured the first floor of Tahoe Forest and gave insights on signage to help patients and visitors find their way to various departments and services



PFAC, L to R, Helen Shadowens, Pati Johnson, Doug Wright, Mary K. Jones, Harry Weis, Lorna Tirman, Janet Van Gelder, Anne Liston, Kevin Ward, Dr. Jay Shaw, Jim Sturtevant (not pictured: Parminder Hawkesworth, Dr. Peter Taylor, Eileen Knudson).

- Reinforced the importance of having all visitors be greeted with a warm welcome and compassion
- Reminded us that what may be a simple lab test to us could, to a patient, be, for example, a test to tell whether their cancer has come back
- Shared their individual experience of how they and their family were treated at TFHS
- Developed a work plan for 2019/20 to help other patients and families navigate an increasingly complex healthcare system

Any department who is looking for input can contact Lorna Tirman to solicit feedback from this great team!

The PFAC wants to expand their community membership, so if you know of a patient or family member who should be considered to serve on the council, please contact Lorna Tirman, ltirman@tfhd.com or (530) 582-6567.



AGENDA ITEM COVER SHEET

ITEM	2019 Structures Demolition
RESPONSIBLE PARTY	Judy Newland, Chief Operating Officer Dylan Crosby, Director Construction and Facilities
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>This project consists of demolishing and removing the structures at Pat and Ollies, 11015 Donner Pass Rd, and the Levon Apartments at 10113 and 10143 Levon Ave.</p> <p>The demolition of these structures is a risk mitigation for the up and coming winter. Staff is also working on the development of these sites for future site improvements</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>Bidding process has been completed.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Move to award the contract for the 2019 Structures Demolition Project at 11015 Donner Pass Rd, and 10113 and 10143 Levon Ave. in Truckee, California, to the lowest bidder, Resource Environmental, Inc., for \$268,000.00 and authorize the CEO or his designee to sign the contract.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> TFHD 2019 Structures Demolition Staff Recommendation - Aug 2019 	

**Tahoe Forest Hospital District
2019 Structures Demolition**

Staff Recommendations on Bids/Contracts

Action #1: Staff recommends that the Board of Directors award the contract for the 2019 Structures Demolition Project at 11015 Donner Pass Rd, and 10113 and 10143 Levon Ave. in Truckee, California, to the lowest bidder, Resource Environmental, Inc., for \$268,000.00 and authorize the CEO or his designee to sign the contract.

AGENDA ITEM COVER SHEET

ITEM	Skilled Nursing Facility: 2019 Facility Wide Assessment
RESPONSIBLE PARTY	Karen Baffone, Chief Nursing Officer
ACTION REQUESTED?	Approval of the Facility Wide Assessment
<p>BACKGROUND:</p> <p>The intent of the Skilled Nursing Facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary <i>person-centered care</i> and services the residents require.</p> <p><i>CMS Requirement §483.7(e): Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents.</i></p> <p>Purpose: The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about direct care staff needs, as well as capabilities to provide services to the residents at TFHD. A competency-based approach will focus on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable, physical, mental and psychosocial well-being.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>2019 Facility Wide Assessment has been completed and requires board approval.</p> <p>The Assessment has been completed and the Gap Analysis is attached.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Move approval of the 2019 Skilled Nursing Facility Wide Assessment. No other action is needed.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • Gap Analysis 	

Gap Analysis from Facility Assessment 2019

Upon reviewing the Facility Wide Assessment for the Tahoe Forest Extended Care Center (ECC) gaps were identified in the following areas:

Safety and Satisfaction of Residents:

- Increase Resident satisfaction and reduce potential injury in rooms
 - Resident rooms are outdated
 - Remodeling plans 60% complete
 - Remodel budgeted for fy19
 - Plan to start remodels Oct 2019
- Increase in Emergency room visits due to facility not having a proper exam room for Medical Director.
 - Building design does not include an exam room that is appropriate for residents
 - DON and Medical Director requesting Engineering assistance to redesign space for appropriate medical exam room.

Safety and Satisfaction of Staff:

Education/Training of Staff:

- New hospitalist orientation lacks depth in geriatric issues for ECC residents
 - Medical Director to chair new team and facilitate interactions with new providers
 - Team to be implemented to provide new orientation to new hospitalist/providers in the ECC
- All ECC employees' knowledge of gerontology is inconsistent through the department
 - Develop and implement a team to improve education for staff with emphasis on geriatrics topics and Geriatric Certification
 - Yearly meeting with team to decide on education topics.
 - Establish department wide education goals for Registered nurses which would include certification in Gerontological Nursing



Social Determinants

KAREN BAFFONE, RN

CHIEF NURSING OFFICER

EXECUTIVE DIRECTOR POPULATION HEALTH

What are social determinants?

- ▶ Conditions in the social, physical, and economic environment in which people are born, live, work, and age, including access to health care.
- ▶ Social determinants consist of policies, programs, and institutions and other aspects of the social structure, including the government and private sectors, as well as community factors.
- ▶ Social determinants affect the health of populations through the social and the physical environments

Terminology for Social Determinants

Community



- ▶ A group of people with a shared identity, including: living in a particular geographic area, having some level of social interaction, sharing a sense of belonging or having common political or social responsibilities.
- ▶ Racial and Ethical Approaches to Community Health (REACH) communities focus on race, ethnicity, and culture. REACH is a national program administered by the Centers for Disease Control and Prevention (CDC) to reduce racial and ethnic health disparities.

References: Eng, Parker (1994), Fellin (1995), Hunter (1975), Israel, et al (1994), MacQueen, et al (2001), McKnight (1992)

Terminology for Social Determinants

Health Inequities



- Systematic and unjust distribution of social, economic, and environmental conditions needed for health
 - Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats)
 - Unequal employment opportunities and pay/income
 - Discrimination based upon social status/other factors

Terminology for Social Determinants

Health Disparities

Differences in the incidence and prevalence of health conditions and health status between groups, based on:

- Race/ethnicity
- Socioeconomic status
- Sexual orientation
- Gender
- Disability status
- Geographic location
- Combination of these



Health Equality, Equity, and Justice

Equitable and fair access to resources is linked to good health and positive outcomes, regardless of social status



It is assumed that everyone will benefit from the same supports. They are being treated equally.



Individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



All three individuals can see the game without any support or accommodations, because the causes of inequality has been addressed: justice means removing systematic barriers.

Comparing Disparities and Inequities

Health Disparities

Differences in the incidence and prevalence of health conditions and health status between groups based on

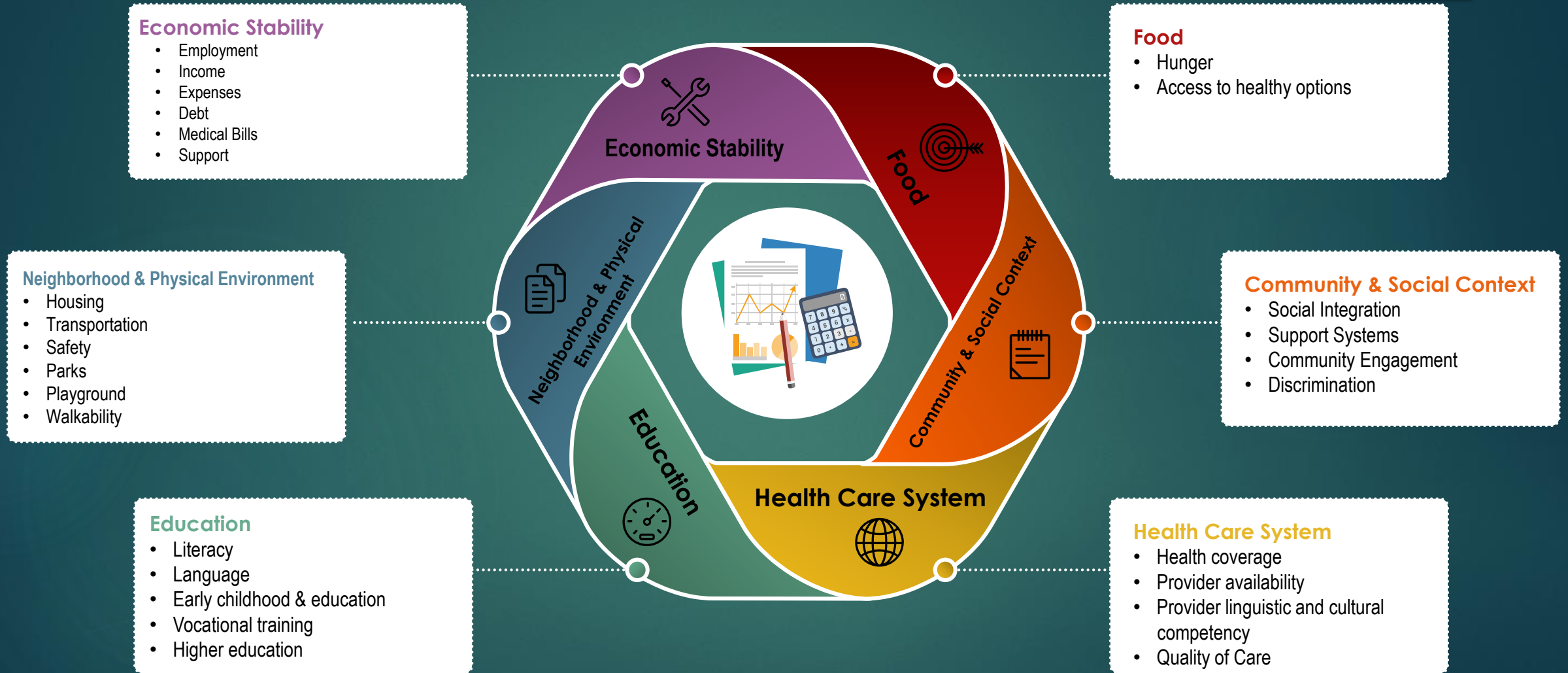
- Race/ethnicity
- Socioeconomic status
- Sexual orientation
- Gender
- Disability status
- Geographic location
- Any combination of the above

Health Inequities

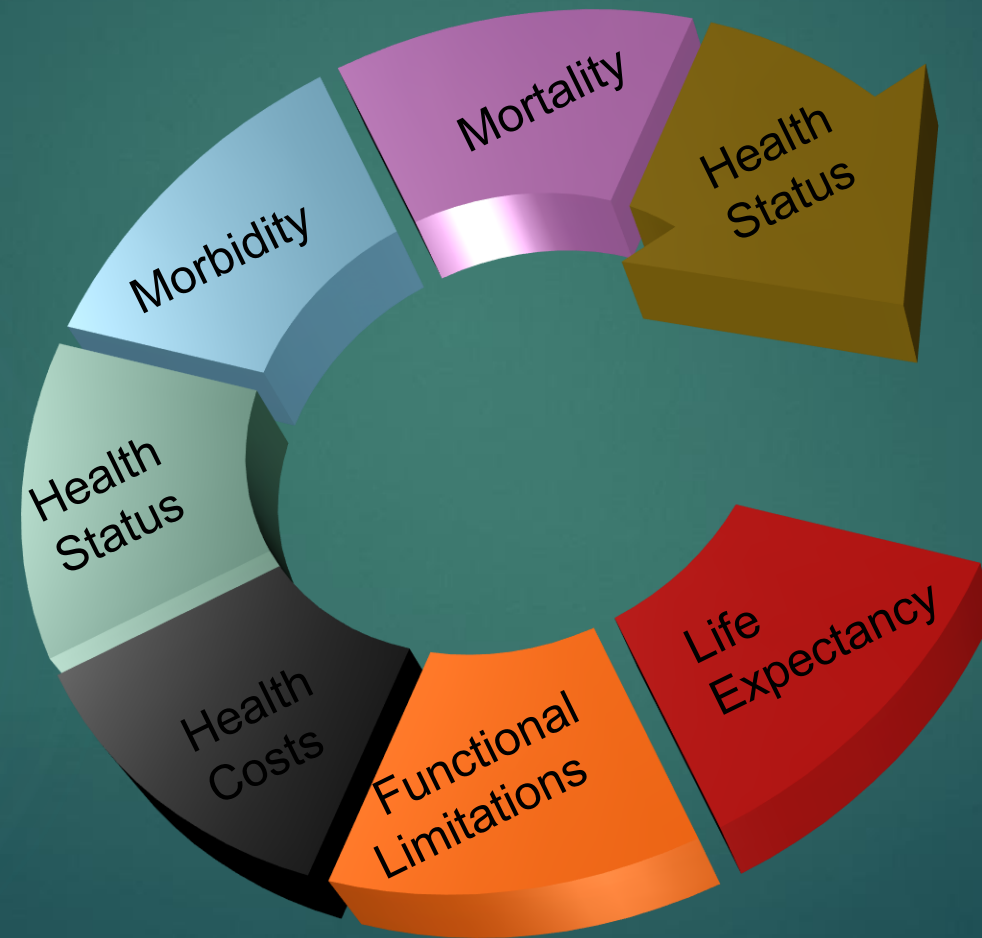
Systematic and unjust distribution of social, economic, and environmental conditions needed for health

- Unequal access to quality education, healthcare, housing, transportation, other resources (ex. Grocery stores, car seats)
- Unequal employment opportunities and pay/income
- Discrimination based upon social status/other factors

Six-Domains of Social Determinants of Health

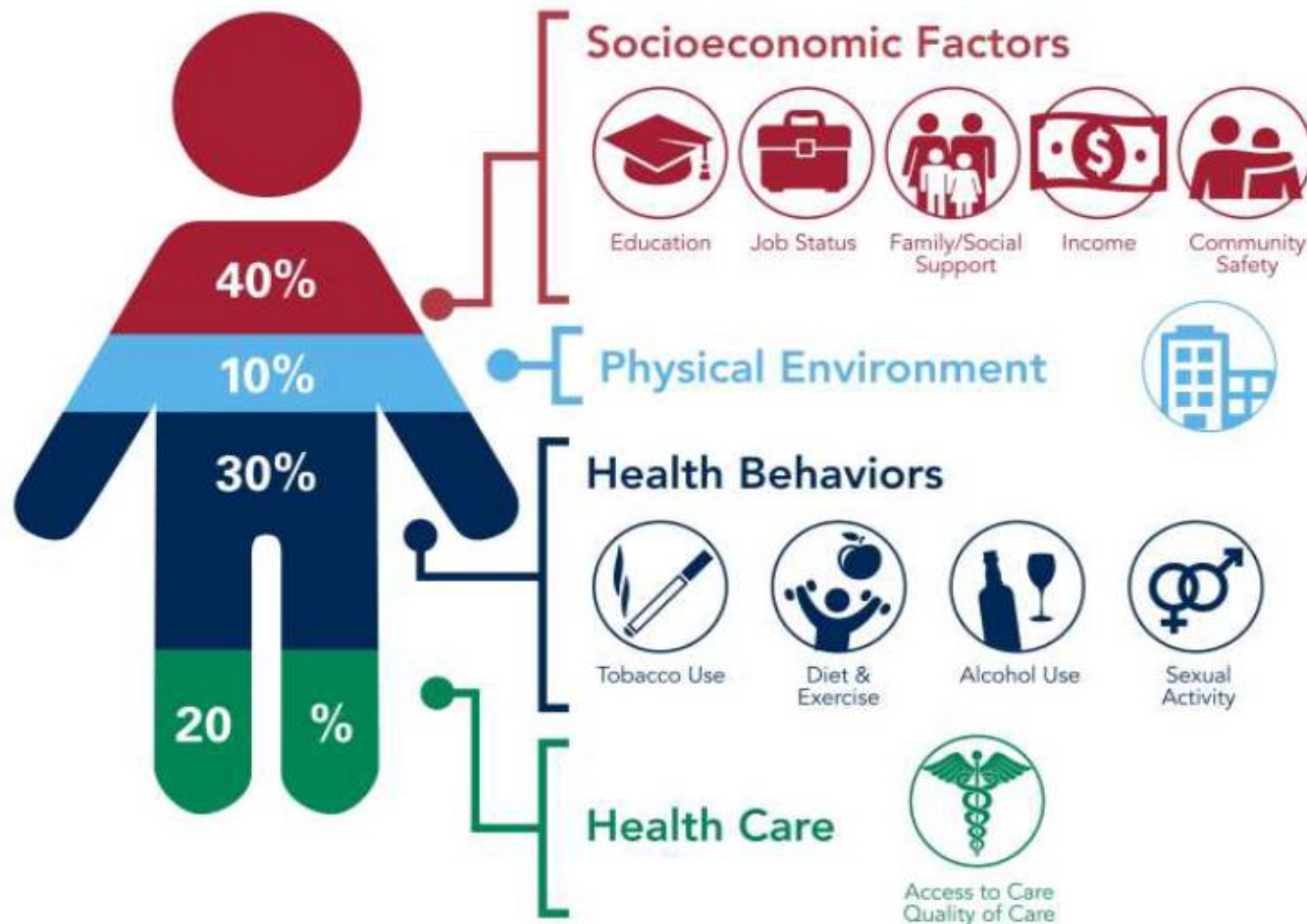


Health Outcomes Impacted by Social Determinants



80/20 Rule: Impact of Social Determinants of Health

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



SDOH Impact

- ➔ **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**
- ➔ The **physical environment, social determinants** and **behavioral factors** drive **80 percent** of health outcomes

RICHEST COUNTRY, POOREST HEALTH

Of all rich countries, the United States spends the most on health care, yet sees the poorest health outcomes.

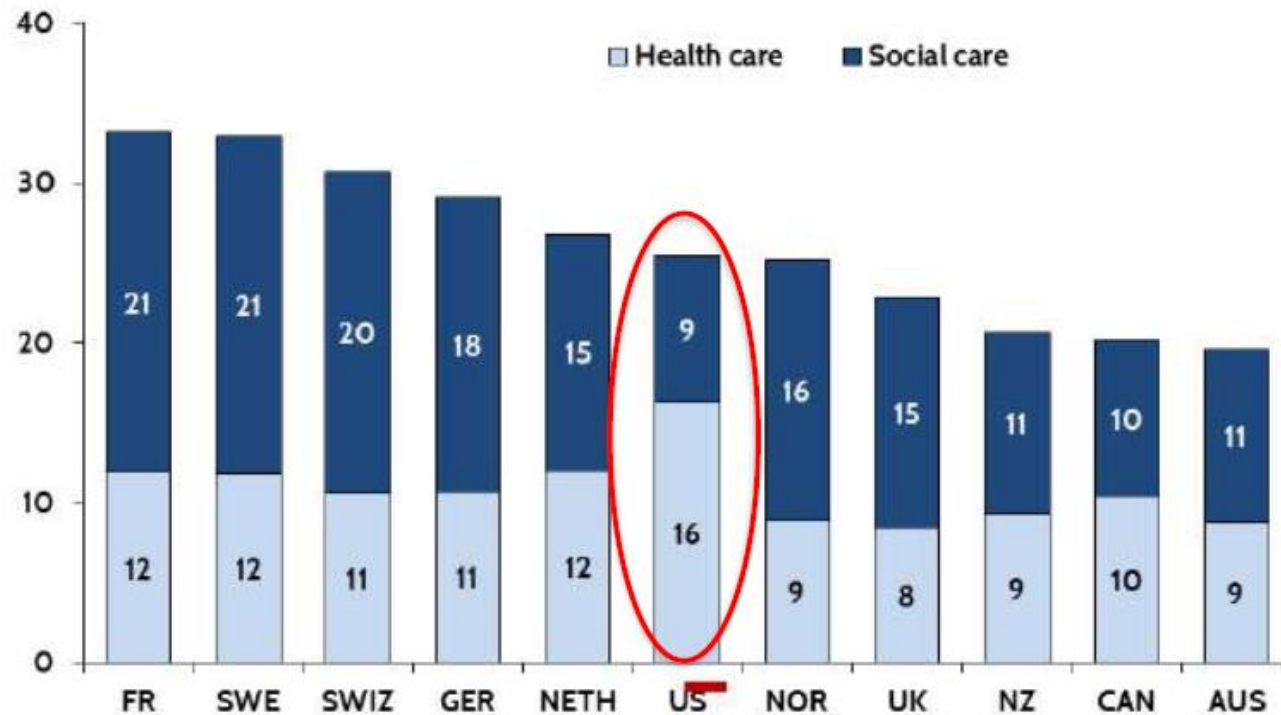


Hunger is a health issue. The 2016 Hunger Report, *The Nourishing Effect*, launches November 23. Visit www.hungerreport.org on the day of the launch to learn more.



Health and Social Care Spending as a Percentage of GDP

The United States spends more on health care and less on social care than any of the other countries shown, but has poorer health outcomes.



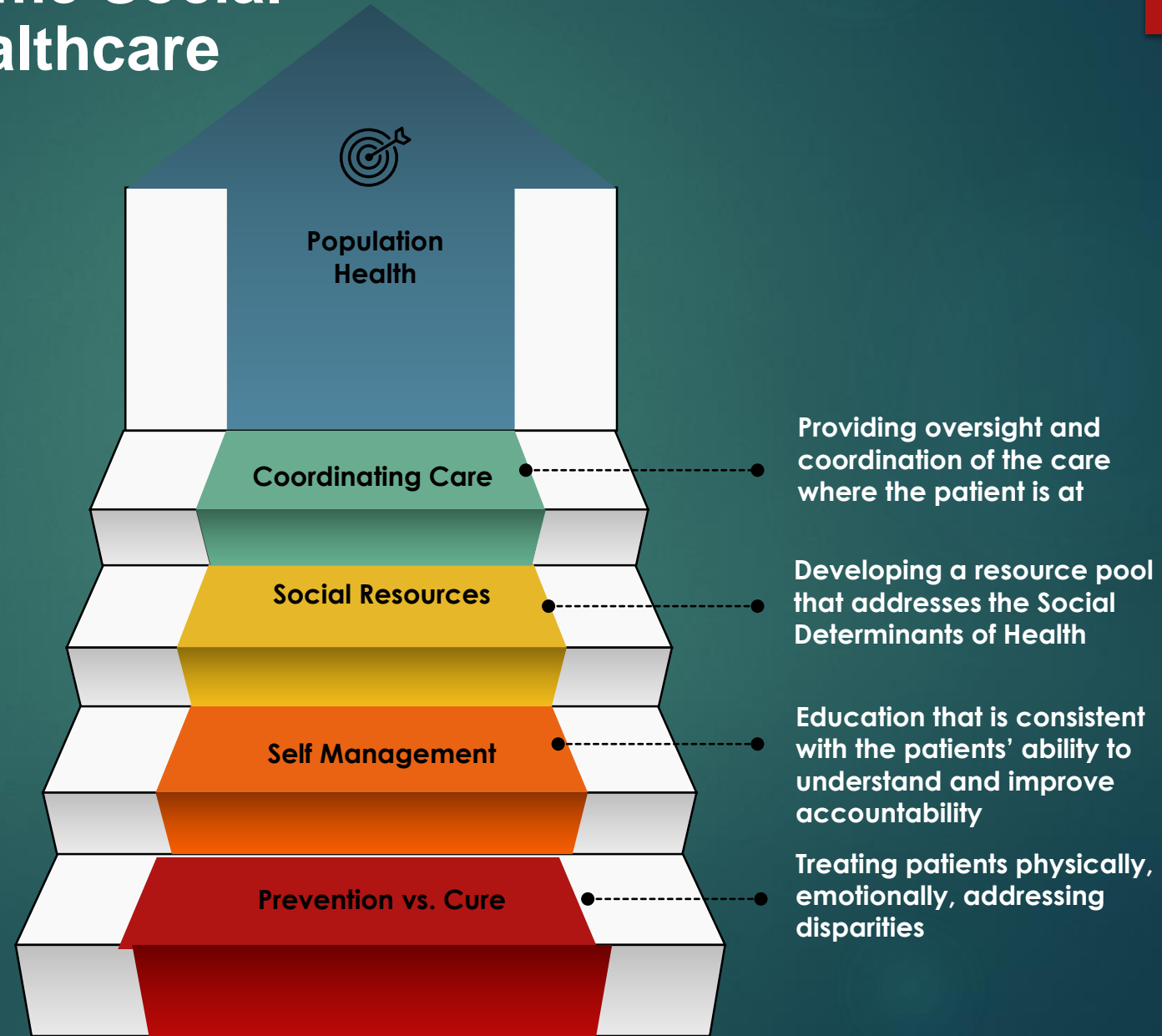
Social Determinants of Health a Priority for CMS

“We are eager to think about social determinants of health throughout the Medicare program, and one of the best ways we can do that is through the flexible, accountable, individual-driven system we already have...We want patients to be empowered and informed, not just to seek out the health services they need, but any necessary social supports, too. We need providers to act as accountable navigators of the health system, but we need to supplement that with navigators of the social services system.”

HHS Secretary Azar –Nov 11, 2018

Source: <https://www.hhs.gov/about/leadership/secretary/speeches/2018-speeches/the-root-of-the-problem-americas-social-determinants-of-health.html>

Initiatives to Overcome Social Determinants in Healthcare



Moving Towards Population Health

- ▶ Continue current programming that includes targeted care coordination and complex discharge planning.
- ▶ Incorporate Social Determinants of Health into the health System (Screen for Food Security, Health literacy, Transportation, housing, etc.)
- ▶ Expand access to mental and behavioral health services
- ▶ Continue promotion of self-management, prevention and wellness programs



Tahoe Forest Population Health

Presented by Maria Martin, MPH, RDN, Director Wellness Neighborhood & Community Health

Representing:

Eileen Knudson, RN, Prime Programs

Karyn Grow, MS, BSN, RN Care Coordination

Wendy Buchanan, MS, Employee Health & Wellness

Population Health

“Population health not only focuses on disease across multiple sectors, but also health and wellbeing, prevention and health promotion.”

National Quality Forum



Social Determinants and Population Health

- SDOH are a component of population health
- Addressing SODH significantly impacts health outcomes
- Hospitals are increasingly being held accountable for health outcomes



Population Health

Population Health is the collective well-being of an identified group of people to experience their full capabilities. Population health describes health outcomes of a group of individuals measured through:

- Public Health/Health Behaviors
- Clinical Care
- Socioeconomics (Social Determinant)
- Physical Environment (Social Determinant)



Reference: NQF, <https://www.qualityforum.org/ProjectDescription.aspx?projectID=86178>

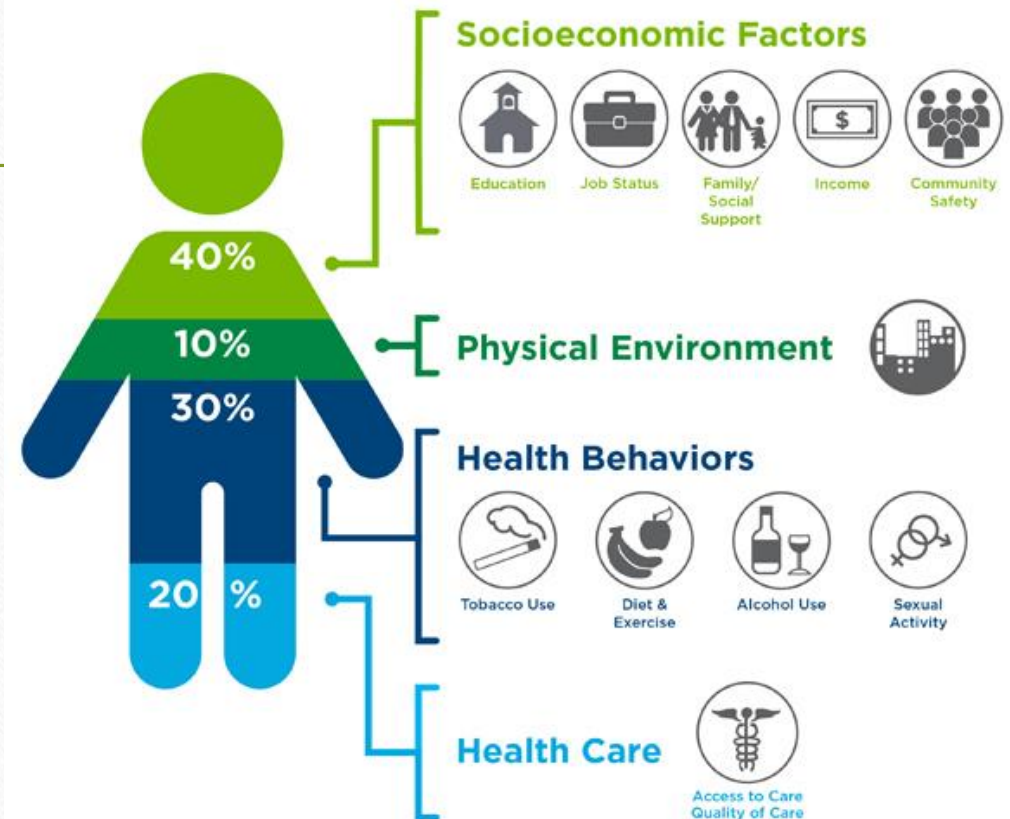
Analyzing data helps us understand our population health profile so we can address modifiable risks

- Identification of Social Determinants of Health
- Identification of prevalent diseases
- Identification of cost drivers
- Predictive Analytics: Anticipating Health Needs
- Evaluation of Providers Performance/Patient Satisfaction



We can influence how long and how well people live by focusing on health factors.

What Goes Into Your Health?

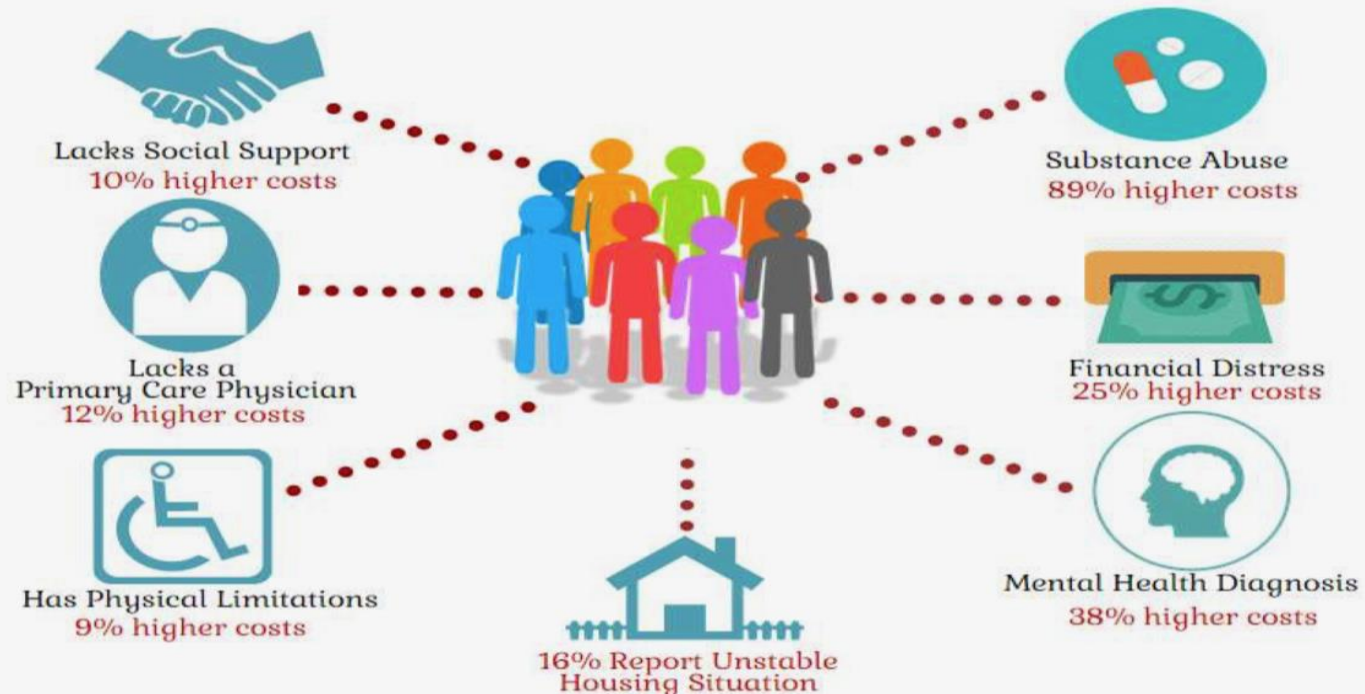


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

Identification of cost drivers/Readmissions

Understand drivers of health



Based on results of over 4,000 assessments of high-risk patients conducted at Montefiore CMO

Population Health – Why should CAHs Care?

- Community engagement leads to increased awareness of local health care services
- Building customer trust and loyalty increases market share
- Implementing CHNA strategies demonstrates accountability and improves community health and wellbeing
- Promoting Care Coordination decreases hospital readmissions
- Investing in employee health increases productivity, promotes retention, improves employee health, and reduces insurance costs
- Wellness and Health Promotion strategies help connect patients to primary care

Transformative Change

- The shift from Fee-For-Service to Value-Based Care requires a broader view. As reimbursement evolves, providers are encouraged to find new ways to deliver the best care at the lowest cost.

CMS Innovation Project

Pennsylvania Rural Health Model – Global Budget Model

- **Population Health Targets**

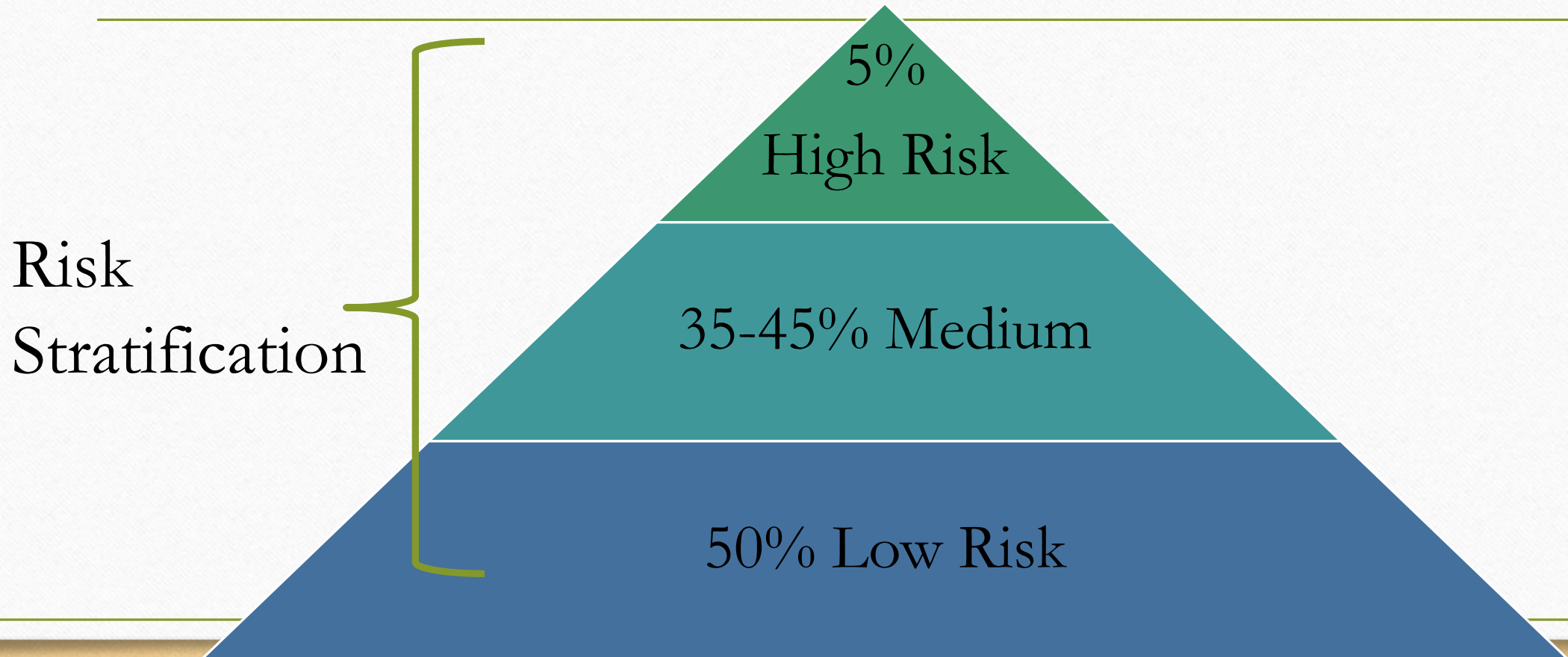
- *ties financial incentives to performance on the following three goals:*

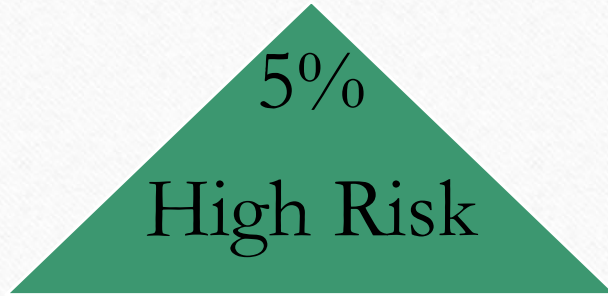
- Increasing access to primary and specialty care;
 - Reducing rural health disparities through improved chronic disease management; and
 - Decreasing deaths from substance use.

Strategy:

Population Risk Stratification

- Approach to health that aims to improve the health of an entire population.





Characteristics

- Typically those with some combination of chronic diseases, complicated behavioral health issues and adverse social conditions
- Super-utilizers
- Poly-chronic, frail, elderly
- Psychosocial and socioeconomic barriers
- Costs make up 45-50%

Strategies

- Multi-disciplinary, Intensive Care Coordination
 - Chronic Care Management
 - Behavioral Health Care Coordination
 - Transitional Care Management*
- Complex Discharge Planning
 - Taking account full range of bio-psycho-social factors
 - Mental/Behavioral Crisis
- Self-Management Programs

35-45% Medium

Characteristics

- Limited and stable chronic conditions
 - Diabetes
 - Obesity
 - Hypertension, etc
- At risk for procedures
 - Total joint
- Costs make up 30-40%

Strategies

- PRIME Projects - Reduce practice variation
 - Universal/Standardized Screenings
- Targeted Coordinated Care/Navigation
 - Orthopedic Care Coordination
 - Perinatal Care Coordination
 - Pediatric Care Coordination
 - Diabetes Clinic
 - Behavioral Health Intensivist/Health Coach
 - Customer Care Navigation

50% Low Risk

Characteristics

- Healthy
- Minor health issues
- Costs make up 10-20%

Strategies

- Convenience is critical
- Anytime access
 - 7 days/week clinic availability
 - Movement toward virtual, mobile access
- Focus on prevention
 - Screenings
 - Annual Wellness Visits
 - Center for Health Programming & Navigation
- Outreach: Utilizing MyChart

Example of Risk Stratification: TFHD Employee Wellness Program

- Biometric Data
 1. Contribution of risk factors to avoidable cases of each disease
 - Diabetes, CHD, Stroke, CHF, COPD, Lung Cancer
- HRA (Health Risk Assessment)
 1. Mental health assessment and Stress Status and Depression
 2. Wellness assessment and readiness to change (nutrition, stress, sleep, physical activity)
 3. Tobacco affidavit

Example of Risk Stratification: TFHD Employee Wellness Program

Annual Health Screening (2018)

- Biometric
 - Pre-diabetes
 - Diabetes
 - Overweight/Obese
 - Hypertension
- Tobacco
- Mental health (stress, depression)
- Readiness to Change

Measure	TFHD Percentage (%)	National Ave. (%)
Overweight (>25)	34.5	32.7
Obese (>30)	19.2	34.8
Hypertension (>140/90)	20.4	23.8
Prediabetes (100-125)	20.8	26.7
Current smoker	1.8	26.4
Depression (PHQ>8)	15	10-12

In Summary...

“...Improving the health of the population is a vital component of core operations for a high performing health system.”



Reference: Critical Access Hospital Population Health Summit, 2014